

**Record of Work Experiences  
Trade Qualifier or Pre-Apprenticeship Credits**

**SHEET METAL WORKER**

**Note to Apprenticeship Applicants**

The work experiences on this form are for credit only and must have been performed prior to your registration as an apprentice.

**Applicant Information**

Name: \_\_\_\_\_  
Surname \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_  
  
Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
P. O. Box/Street \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
  
Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

**Employer Information & Verification**

**Note to Employer**

By completing the section below you are confirming that the hours indicated for the applicant are specific to employment in the **Sheet Metal Worker Trade**.

Verified By: \_\_\_\_\_ CRA\* Business #: \_\_\_\_\_  
Company Name \_\_\_\_\_ 9 digits \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
P. O. Box/Street \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Employer or Representative \_\_\_\_\_

\_\_\_\_\_  
Employer or Representative Signature \_\_\_\_\_ Employer or Representative (Print) \_\_\_\_\_

Date of applicant's employment from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Total hours of employment the applicant worked in the **Sheet Metal Worker Trade**: \_\_\_\_\_ Hours

\* CRA - Canada Revenue Agency

**Please check the appropriate box:**

Trade Qualifiers <input type="checkbox"/>	The <b>signature of the Journeyperson</b> following each of the required skills acknowledges the applicant has met the competencies in each of the skill areas according to the Industry Standard associated with this trade.
Pre- Apprenticeship Credits <input type="checkbox"/>	The <b>signature of the Journeyperson</b> following each of the required skills acknowledges the applicant has performed in each of the skill areas appropriate for this trade.

- The Advisory Committee in the **Sheet Metal Worker Trade** has identified the work experiences or skills listed below as those required for the trade.
- Journeypersons must be certified in the trade stated by this document. A Journeyperson in another trade may sign certain sections if the skills are common to both trades.

Skills Required For Certification	Journeyperson Signature	Verified By Applicant
<b>OCCUPATIONAL SKILLS</b>		
Uses personal protective equipment (PPE) and safety equipment		
Uses and maintains hand tools		
Uses and maintains portable power tools		
Uses and maintains shop tools and equipment		
Uses and maintains welding/cutting equipment		
Uses and maintains soldering/brazing equipment		
Uses ladders and work platforms		
Uses hoisting and rigging equipment		
Maintains safe work environment		
Interprets and completes documentation		
Interprets drawings		
Organizes materials		
Performs basic design and field modifications		
Performs quality control inspection on final product		

Skills Required For Certification	Journeyperson Signature	Verified By Applicant
<b>FABRICATION</b>		
Develops pattern using simple and straight line layout		
Develops pattern using parallel line method		
Develops pattern using radial line method		
Develops pattern using triangulation method		
Labels pieces		
Cuts ductwork, fittings and components		
Forms ductwork, fittings and components		
Insulates ductwork, fittings and components		
Assembles ductwork, fittings and components		
Fabricates dampers		
Fabricates flexible connections		
Fabricates hanger systems		
Fabricates supports and bases		
Determines seams		
Cuts and forms metal for flashing, roofing, sheeting and cladding		
Fabricates specialty products		
<b>AIR AND MATERIAL HANDLING SYSTEM INSTALLATION</b>		
Performs onsite measurements		
Performs demolitions for renovations		
Cuts penetrations		
Installs supports and bases		
Installs hangers, braces and brackets		

Skills Required For Certification	Journeyperson Signature	Verified By Applicant
Installs chimney, breeching and venting primary components		
Connects chimney, breeching and venting to appliance		
Installs air handlers/heat recovery ventilators (HRVs)		
Installs sheet metal ducts and fittings		
Installs dampers		
Installs fire dampers		
Installs registers, grilles, diffusers and louvers		
Installs terminal boxes		
Installs coils		
Installs system component accessories		
Applies thermal and acoustic insulation to components		
Applies lagging and cladding to components		
Applies flashing to components		
ROOFING, ARCHITECTURAL METAL AND SPECIALTY PRODUCT INSTALLATION		
Prepares surface		
Fastens exterior components		
Installs stainless steel specialty products		
Installs non-stainless steel specialty products		

## Note to Journeypersons

- Journeypersons who have applied their signatures to the skills required for the certification section of this document must complete the following sections.
- The Apprenticeship and Trades Certification Division, for the purpose of verification, may contact Journeypersons who have applied their signatures to skills for applicants.

### Journeyperson Supervisor Verification

Name: \_\_\_\_\_  
Surname \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
P. O. Box/Street \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ and/or I.P. Number: \_\_\_\_\_

Name (signature): \_\_\_\_\_

### Journeyperson Supervisor Verification

Name: \_\_\_\_\_  
Surname \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
P. O. Box/Street \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

e-mail: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ and/or I.P. Number: \_\_\_\_\_

Name (signature): \_\_\_\_\_

## For Office Use Only

Credit: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

month / day / year

## Note To Trade Qualifier Applicants

If employer verification is not possible, please contact the nearest Apprenticeship and Trades Certification Office to discuss available options.

## Contact Information

Avalon	Clarenville	Central	Western	Labrador
Apprenticeship and Trades Certification Division Industrial Training Section 1170 Topsail Road P.O. Box 8700 St. John's, NL A1B 4J6 Phone: (709) 729-2729 Fax: (709) 729-5878 Toll Free: 1-877-771-3737	Apprenticeship and Trades Certification Division Industrial Training Section 45 Tilley's Road Clarenville, NL A5A 1Z4 Phone: (709) 466-3982 Fax: (709) 466-3987 Toll Free: 1-877-771-3737	Apprenticeship and Trades Certification Division Industrial Training Section 42 Hardy Avenue Grand Falls-Windsor, NL A2A 2J9 Phone: (709) 292-4215 Fax: (709) 292-4502 Toll Free: 1-877-771-3737	Apprenticeship and Trades Certification Division Industrial Training Section 1-3 Union Street Aylward Building, 2 <sup>nd</sup> Floor P.O. Box 2006 Corner Brook, NL A2H 6J8 Phone: (709) 637-2366 Fax: (709) 637-2519 Toll Free: 1-877-771-3737	Apprenticeship and Trades Certification Division Industrial Training Section 163 Hamilton River Road Bursey Building P.O. Box 3014, Station "B" Happy Valley-Goose Bay, NL A0P 1E0 Phone: (709) 896-6348 Fax: (709) 896-6703 Toll Free: 1-877-771-3737

The personal information in this form is being collected under the authority of section 61(c) of the **Access to Information and Protection of Privacy Act, 2015** for the purpose of verifying work experience for apprenticeship credit. If you have any questions about the collection, use and disclosure of your personal information, please contact an Apprenticeship Program Officer at one of ATCD's regional offices, or email [app@gov.nl.ca](mailto:app@gov.nl.ca).