DPETLAAC-006E/1(06/12)

POST-SECONDARY EDUCATION, TRAINING AND LABOUR APPRENTICESHIP AND OCCUPATIONAL CERTIFICATION



\_\_\_\_\_ S.I.N. \_\_\_\_

Name of applicant \_

Mandatory Skills Construction Craftworker (	(179)		Employer/Designate Initials
Handles construction materials			
Uses and maintains tools and equipment			
Organizes work			
Interprets basic blueprints			
Prepares, cleans and monitors sites			
Performs basic demolition and groundwork			
Performs safety watches			
Uses scaffolding and access equipment			
Assists in shoring, and set-up and dismantling of formwork for con	crete		
Places and assists with finishing of concrete and modified concrete			
Assists in the installation of grout, epoxies and caulking			
Prepares and tends to masonry work for bricklayers			
Installs utility piping and components such as for water and sewer s	systems (Optio	nal)	
Performs pipeline activities such as clearing of brushes, assisting be and guiding the piping lowering operation (Optional)	ending crew, b	locking and cribbing	
Installs paving materials and roadwork components (Optional)			
Name and position of individual initialing for mandatory skills:			
Name Gaston Malenfant	_ Position	Field Coordinator	

By signing this form, I am attesting that the applicant has been employed with the company indicated for the time specified and has performed the practical skills indicated above, at or above industry standards. I also understand that my support may allow for the candidate to challenge the Certification examination and upon passing will be recognized across Canada as a certified journeyperson.

I recommend that he/she be approved to challenge the certification examination Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Use Only (Please Print) TIME ACCUMULATED PERFORMING THE SCOPE OF THE TRADE AS IDENTIFIED ABOVE 20% OF THE TIME REQUIRED MUST HAVE BEEN WORKED DURING THE LAST 6 YEARS													
TOTAL HOURS FROM ACCUMULATED Y			М		D 	TC Y	, 		M	D		HOURS D THE LAS	URING Γ 6 YEARS
Name of Employer and Address Telephone   LIUNA - Local 900 5 0 6 8 5 8 1 4 0 4													
City or Town	Provi	nce	Postal	Code					Cell				1 1
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Please print name and position Fax										-			
									Fax				
Gaston Malenfant, Field	Cood	rdinat	or					<u> </u>	1 1	6 8	5	8 1 4	0 5
	Cood		tor						5 0	6 8 gaston@			0 5

I have confirmed that the employer signing this form for the period(s) indicated above has employed the applicant and that the initials and signature provided are indeed those of the employer or designate.

AOC Counsellor

Regional Office

Date



aoc-acp@gnb.ca