Initial



Record of Work Experiences Trade Qualifier or Pre-Apprenticeship Credits

LATHER (INTERIOR SYSTEMS MECHANICS)

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.

First

Applicant Information

Surname

Name:

Address:// P. O. Box/Street	 City/Town	/ Province	/ Postal Code		
Telephone: () C					
Employer Information & Verification	tion				
Note to Employer By completing the section below you are confirming that the hours indicated for the applicant are specific to employment in the Lather Trade.					
Verified By:Company			 igits		
Compan	y Name	9 0	igits		
Address:P. O. Box/Street	City/Tayya	/ Province	/ Postal Code		
P. O. Box/street	City/Town	Province	Postal Code		
Telephone: ()					
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 Lather Trade: Hours					
* CRA - Canada Revenue Agency					

Please check the appropriate box:

Trade Qualifiers	The signature of the Journeyperson 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	The signature of the Journeyperson 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 **Lather 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
OCCUPATIONAL SKILLS		
Interpret blueprints and specifications		
Interpret codes and regulations		
Interpret material documentation		
Prepare work site		
Estimate materials and supplies		
Manage time		
Organize materials and supplies		
Co-ordinate work with others		
Establish grid line/starting point		
Transfer information from blueprint to work area		
Use hand tools		
Use power tools		
Use laser-levelling equipment		
Use powder-actuated tools		
Use scaffolding and access equipment		
Maintain tools and equipment		

Skills Required For Certification	Journeyperson Signature	Verified By Applicant
FRAMING		
Frame walls and ceilings		
Install metal doors and window frames		
Install access panels		
Frame floors		
INTERIOR SYSTEMS		
Install pedestals		
Install supporting hardware		
Install flooring panels		
Install insulation		
Install demountable walls		
Install drywall		
Install shaft walls		
Install security mesh		
Install suspended T-bar ceilings		
Install suspended drywall ceilings		
Install non-suspended ceilings		
Install dropped ceilings/bulkheads		
Install sound barriers		
Install lead shielding		
Select materials		
EXTERIOR SYSTEMS		
Install interior membranes		
Install exterior membranes		
Install exterior sheathing		
Install rain screen systems		
Install lath/stucco wire		
Install Exterior Insulation Finish System (EIFS)		

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: ()	-			
Certificate Number:				
Name (signature):				

		Journeypers	son Supervisor	Verification
Name:				
	Surname	First	lı	nitial
Address:		'		/
	P. O. Box/Street	City/Town	Province	Postal Code
	ne: ()		Cell phone: ()
Certificat	e Number:	and/or I	.P. Number:	
Name (si	gnature):			

For Office Use Only					
Credit:					
Approved by:	Date:				
Approved by:		month / dav / vear			

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
Department of Immigration,	Department of Immigration,	Department of Immigration,	Department of Immigration,	Department of Immigration,
Population Growth and	Population Growth and Skills	Population Growth and Skills	Population Growth and Skills	Population Growth and
Skills	Industrial Training Section	Industrial Training Section	Industrial Training Section	Skills
Industrial Training Section	45 Tilley's Road	42 Harding Avenue	1-3 Union Street	Industrial Training Section
1170 Topsail Road	Clarenville, NL A5A 1Z4	Grand Falls-Windsor, NL	Aylward Building, 2nd Floor	163 Hamilton River Road
P.O. Box 8700	Phone: (709) 466-3982	A2A 2J9	P.O. Box 2006	Bursey Building
St. John's, NL A1B 4J6	Fax: (709) 466-3987	Phone: (709) 292-4215	Corner Brook, NL A2H 6J8	P.O. Box 3014, Station "B"
Phone: (709) 729-2729	Toll Free: 1-877-771-3737	Fax: (709) 292-4502	Phone: (709) 637-2366	Happy Valley-Goose Bay, NL
Fax: (709) 729-5878		Toll Free 1-877-771-3737	Fax: (709) 637-2519	AOP 1EO
Toll Free: 1-877-771-3737			Toll Free 1-877-771-3737	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.