

Work Experience Form - Trades Qualification

Electric Motor Winder

*This completed Work Experience Form, Employer letter(s), Statutory Declaration, where applicable and appropriate fee must accompany a **Trades Qualification With Examination** application.*

A statement of work experience is a letter on company letterhead from your employer(s) covering your work experience during the last ten years and must include:

- *exact dates of employment and total hours worked;*
- *a description of all tasks completed with approximate percentage of time spent in each task area.*

Where it is not possible to obtain employer letters due to:

- *self employment,*
- *employer address is unknown, or*
- *cessation of employer's business*

Complete this Work Experience Form and A Statutory Declaration signed by a Notary Public. If you are self-employed, include your full company name, location and registration number.

- *All documents must be submitted in one of the two official languages.*

Fee Schedule

- To apply for an Interprovincial Certificate of Qualification "With Examination".....**\$250.00**

*Non-refundable fees are payable as a cheque or money order to the **Minister of Finance**. A \$20.00 service fee will be applied to all NSF cheques. You can also pay by credit card or in person by debit card.*

The following information is required in order to qualify for an Interprovincial Certificate of Qualification as an Electric Motor Winder through the process of **Trades Qualification With Examination**, and/or to challenge the Interprovincial Electric Motor Winder Examination. Please use additional paper if required.

Employer (Include Address)	Dates of Employment	Experience (Indicate # months)	Total # Hours

Note: *Additional information required on reverse side of page.*

Fees are collected under *The Apprenticeship and Trades Qualification Act* and its Regulations, and information is used to verify hours and place of employment. The information is protected by the provisions of the *Freedom of Information and Protection of Privacy Act*.

This personal information is being collected under the authority of the *Apprenticeship and Trades Qualifications – General Regulation* for the purposes of verifying the number of hours worked in the trade and place of employment. It will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act*.

Your personal information is protected by *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information on this form, contact:

Apprenticeship Branch
 1010-401 York Avenue
 Winnipeg MB, R3C 0P8,
 (204) 945-3337 (Phone)
 1-877-978-7233 (Toll Free in Manitoba)
 (204) 948-2346 (Fax)

Work Experience Form

To qualify for a Certificate of Qualification with examination, in the **last ten years**, you must have worked a minimum of **5 years (a total of 9000 hours)** performing the following job tasks:

<p style="text-align: center;">Electric Motor Winder</p> <p><i>During the last ten years, what percentage of time have you spent performing the following tasks? Percentages must total 100%.</i></p>	<p style="text-align: center;"><i>Percentage of time spent performing this task</i></p>
<p>• Technical Occupational Skills and Procedures <i>Includes:</i> -safe use of tools -welding, brazing, soldering -assessment of systems and equipment -checking mechanical, electrical, electronic systems and components -repair of systems and components -testing system operation</p>	%
<p>• Rotating Equipment <i>Includes:</i> -rewind equipment, bands armature, machine or replace rings and/or commutators</p>	%
<p>• Stationary Equipment <i>Includes:</i> -de-energizing stationary equipment -ing tests, draining/filling/filtering/oil -assembling electrical/electronic control panels</p>	%
<p>• Other Tasks <i>Includes:</i> any other tasks that you may have been assigned. If applicable, please identify these tasks and give a percentage of time spent working on them</p>	%
TOTAL	100%

I verify that, to the best of my knowledge, the information I am submitting is true and accurate.

Name (please print): _____

Signature: _____ **Date:** _____

Apprenticeship

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ELECTRIC MOTOR SYSTEM TECHNICIAN INTERPROVINCIAL THEORETICAL EXAMINATION TABLE OF CONTENTS

SECTION	TITLE	QUESTIONS	TOTAL
1	Technical Occupational Skills and Procedures	1 - 43	43
2	Rotating Equipment	44 - 81	38
3	Stationary Equipment	82 - 100	19
Total Questions			100

- ◆ This is a multiple-choice examination.
- ◆ A diagram booklet is used with this examination.
- ◆ Maximum time allowed for this examination is 3 hours.
- ◆ Passing standard is 70%.
- ◆ Table of Contents is subject to change without notice.