

INDUSTRIAL ELECTRICIAN

STATUTORY DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service
800 – 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@skilledtradesbc.ca

This form is used to declare work experience for periods during which you were self-employed, or a previous employer will not complete an Employer Declaration.

Note: Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. For more information, see Instructions for Certification Challenge.

“Industrial Electricians” inspect, install, test, troubleshoot, repair, and service industrial electrical equipment and associated electrical and electronic controls. Service includes calibration and preventative/predictive maintenance. Industrial electricians are employed by maintenance departments of plants, mines, smelters, oil and gas operations, mills, shipyards, utility companies, manufacturing facilities and other industrial establishments. Some are employed by electrical contractors.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **9,000 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

Holders of a **Certificate of Qualification** in **Construction Electrician** will be eligible to challenge this certification by documenting **3,000 hours** of directly related work experience.

Holders of a Canadian **military certificate** in **Electrical Technician MT #125 / Marine Electrician MT #331/332, QL5 or higher** will be eligible to challenge this certification by submitting an [Exam Application Form](#) along with a copy of the certificate.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Email Address:	Website:

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY): From: To:		Total Number Hours of Industrial Electrician Experience Accumulated in Period:
Job Title of Applicant:		

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C. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- ☐ Applicant was self-employed ☐ Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration to be filled out and signed.

If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, **indicate the steps you have taken to try to obtain it.**

D. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

JOB TASKS (112)	DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Performs Safety-Related Functions		
Maintains safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs lock-out and tag-out procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies environmental conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Tools And Equipment		
Uses common and specialty tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses access equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses rigging, hoisting and lifting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
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JOB TASKS (112)	DECLARATION RESPONSE	
Organizes Work		
Interprets plans, drawings and specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies hazardous locations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes materials and supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plans project tasks and procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares worksite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Finalizes required documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fabricates And Installs Support Components		
Fabricates support structures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs brackets, hangers and fasteners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs seismic restraint systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commissions And Decommissions Electrical Systems		
Commissions Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs shutdown and startup procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Decommissions systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Communication And Mentoring Techniques		
Uses communication techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSTALLS AND MAINTAINS GENERATING, DISTRIBUTION AND SERVICE SYSTEMS		
Installs And Maintains Consumer/Supply Services And Metering Equipment		
Installs single-phase consumer/supply services and metering equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains single-phase consumer/supply services and metering equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs three-phase consumer/supply services and metering equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains three-phase consumer/supply services and metering equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Protection Devices		
Installs overcurrent protection devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains overcurrent protection devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (112)	DECLARATION RESPONSE	
Installs ground fault, arc fault and surge protection devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains ground fault, arc fault and surge protection devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs under and over voltage protection devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains under and over voltage protection devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Low Voltage Distribution Systems		
Installs low voltage distribution equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains low voltage distribution equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Power Conditioning Systems		
Installs power conditioning systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains power conditioning systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Bonding, Grounding And Ground Fault Detection Systems		
Installs grounding systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains grounding systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs bonding systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains bonding systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs ground fault detection systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains ground fault detection systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Power Generating Systems		
Installs alternating current (AC) generating systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains alternating current (AC) generating systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs direct current (DC) generating systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains direct current (DC) generating systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Renewable Energy Generating And Storage Systems		
Installs renewable energy generating and storage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains renewable energy generating and storage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains High Voltage Systems		
Installs high voltage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains high voltage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (112)	DECLARATION RESPONSE	
Installs And Maintains Transformers		
Installs extra-low voltage transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains extra-low voltage transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs low voltage single-phase transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains low voltage single-phase transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs low voltage three-phase transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains low voltage three-phase transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs high voltage transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains high voltage transformers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSTALLS AND MAINTAINS WIRING SYSTEMS		
Installs And Maintains Raceways, Cables, Conductors And Enclosures		
Installs conductors and cables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains conductors and cables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs conduit, tubing and fittings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs raceways	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs boxes and enclosures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains conduit, tubing, fittings, raceways, boxes and enclosures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Branch Circuitry And Devices		
Installs luminaires	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains luminaires	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs wiring devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains wiring devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Heating, Ventilation And Air-Conditioning (HVAC) Electrical Components		
Connects power to HVAC systems and associated equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs HVAC controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains HVAC electrical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (112)	DECLARATION RESPONSE	
Installs And Maintains Electric Heating Systems And Controls		
Installs electric heating systems and controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains electric heating systems and controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Exit And Emergency Lighting Systems		
Installs exit and emergency lighting systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains exit and emergency lighting systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Cathodic Protection Systems		
Installs cathodic protection systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains cathodic protection systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSTALLS AND MAINTAINS ROTATING AND NON-ROTATING EQUIPMENT AND CONTROL SYSTEMS		
Installs And Maintains Motor Starters And Control Devices		
Installs motor starters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains motor starters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs motor control devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains motor control devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Drives		
Installs AC drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains AC drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs DC drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains DC drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Non-Rotating Equipment And Associated Controls		
Installs non-rotating equipment and associated controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains non-rotating equipment and associated controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Motors		
Installs single-phase motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains single-phase motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Installs three-phase motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains three-phase motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs DC motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains DC motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSTALLS AND MAINTAINS SIGNALLING AND COMMUNICATION SYSTEMS		
Installs And Maintains Signaling Systems		
Installs fire alarm systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains fire alarm systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs security and surveillance systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains security and surveillance systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Communication Systems		
Installs communication systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains communication systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs And Maintains Building Automation Systems		
Installs building automation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains building automation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSTALLS AND MAINTAINS PROCESS CONTROL SYSTEMS		
Installs And Maintains Input/Output (I/O) devices		
Installs discrete input/output (I/O) devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains discrete input/output (I/O) devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs analog input/output (I/O) devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains analog input/output (I/O) devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs, Programs And Maintains Automated Control Systems		
Installs automated control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains automated control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Programs automated control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Optimizes system performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (112)	DECLARATION RESPONSE	
Installs And Maintains Pneumatic And Hydraulic Control Systems		
Installs pneumatic control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains pneumatic control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs hydraulic control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains hydraulic control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

E. Applicant Signature

I certify that the information I have provided is true and accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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F. References

Minimum of Three References must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by SkilledTradesBC to verify the information provided on your application.

1. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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