POWERLINE TECHNICIAN

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.

"Powerline technicians" install, maintain and repair overhead, underground and underwater powerlines and cables, and other associated equipment such as insulators, conductors, lightning arrestors, switches, metering systems, transformers and lighting infrastructure.

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

- worked a minimum of **10,080 hours** performing the tasks listed in Section D, this must include a minimum of **500 hours** with a crew doing **"live line"** work (**work performed with a live line permit in place**), and
- experience performing at least **70%** of the job tasks listed in Section D.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

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 **Powerline Technician** Experience Accumulated in Period:
Job Title of Applicant:	

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

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 (65)	DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Performs safety-related functions		
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Controls powerline hazards	☐ Yes	☐ No
Controls environmental hazards	☐ Yes	☐ No
Performs lock-out and tag-out procedures	☐ Yes	☐ No
Performs temporary grounding and bonding procedures	☐ Yes	☐ No
Uses and maintains tools and equipment		
Uses hand, power and powder-actuated tools and equipment	☐ Yes	☐ 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:

SKILLED TRADES BC

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

POWERLINE TECHNICIAN

STATUTORY DECLARATION OF WORK EXPERIENCE

JOB TASKS (65)	DECLARATION RESPONSE	
Uses electrical measuring and testing equipment	☐ Yes	☐ No
Uses rigging, hoisting and lifting equipment	☐ Yes	☐ No
Organizes work		
Interprets plans, drawings and specifications	☐ Yes	☐ No
Prepares worksite	☐ Yes	☐ No
Plans job tasks and procedures	☐ Yes	☐ No
Accesses work area		
Climbs poles and steel lattice structures	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ No
Uses on- and off-road equipment	☐ Yes	☐ No
Uses live-line methods		
Uses cover up	☐ Yes	☐ No
Uses rubber gloves	☐ Yes	☐ No
Uses bare-hand methods (Not Common Core)	☐ Yes	☐ No
Uses fibreglass reinforced plastic (FRP) tools (hot sticks)	☐ Yes	☐ No
Uses communication and mentoring techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
INSTALLS STRUCTURES		
Installs pole structures		
Frames pole structures	☐ Yes	☐ No
Sets pole structures	☐ Yes	☐ No
Installs pole structure guys and anchors	☐ Yes	☐ No
Installs steel lattice structures		
Assembles steel lattice structures	☐ Yes	☐ 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:

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

JOB TASKS (65)	DECLARATION RESPONSE	
Erects steel lattice structures	☐ Yes	☐ No
Installs steel lattice structure guy wires and anchors	☐ Yes	☐ No
INSTALLS CONDUCTOR SYSTEMS		
Installs overhead conductors and cables		
Strings overhead conductors and cables	☐ Yes	☐ No
Sags overhead conductors and cables	☐ Yes	☐ No
Ties-in overhead conductors and cables	☐ Yes	☐ No
Installs splices and connections to overhead conductors and cables	☐ Yes	☐ No
Installs underground and underwater cable		
Installs conduit and cable	☐ Yes	☐ No
Places direct buried cable	☐ Yes	☐ No
Splices underground and underwater cable	☐ Yes	☐ No
Terminates underground and underwater cable	☐ Yes	☐ No
INSTALLS AUXILIARY EQUIPMENT		
Installs lighting systems		
Installs street lights	☐ Yes	☐ No
Maintains street lights	☐ Yes	☐ No
Installs voltage control equipment		
Installs transformers	☐ Yes	☐ No
Installs capacitors	☐ Yes	☐ No
Installs voltage regulators	☐ Yes	☐ No
Installs switches	☐ Yes	☐ No
Installs reactors (Not Common Core)	☐ Yes	☐ No
Installs protection equipment		
Installs reclosers	☐ Yes	☐ 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:

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

JOB TASKS (65)	DECLARATION RESPONSE	
Installs sectionalizers	☐ Yes	☐ No
Installs fuses	☐ Yes	☐ No
Installs lightning arrestors	☐ Yes	☐ No
Installs metering equipment		
Installs primary metering equipment	☐ Yes	☐ No
Installs secondary metering equipment	☐ Yes	☐ No
Installs communication devices		
Installs cellular antennas	☐ Yes	☐ No
Transfers communication lines	☐ Yes	☐ No
PERFORMS OPERATION, MAINTENANCE AND REPAIR		
Operates distribution and transmission systems		
Operates transmission systems	☐ Yes	☐ No
Operates distribution systems	☐ Yes	☐ No
Performs station switching	☐ Yes	☐ No
Maintains distribution and transmission systems		
Inspects distribution and transmission systems	☐ Yes	☐ No
Maintains pole structures	☐ Yes	☐ No
Maintains steel lattice structures	☐ Yes	☐ No
Maintains system components	☐ Yes	☐ No
Trims trees	☐ Yes	☐ No
Repairs distribution systems		
Troubleshoots overhead distribution systems	☐ Yes	☐ No
Troubleshoots underground and underwater distribution systems	☐ Yes	☐ No
Repairs overhead distribution systems	☐ Yes	☐ No
Repairs underground and underwater distribution systems	☐ Yes	☐ 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:

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

JOB TASKS (65)	DECLARATION RESPONSE	
Repairs transmission systems		
Troubleshoots overhead transmission systems	☐ Yes	☐ No
Troubleshoots underground and underwater transmission systems	☐ Yes	☐ No
Repairs overhead transmission systems	☐ Yes	☐ No
Repairs underground and underwater transmission systems	☐ Yes	☐ 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)

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:

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

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:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

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: