

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.

"Sheet Metal Worker" means a person who lays out, fabricates, assembles, welds, installs, and services the following: ducting, spouting, fittings, cabinets, gutters, copings, flashings, supporting devices, wall systems, building envelope, ornamental work and integral equipment associated with the blowpipe, air pollution, heating, ventilating, air-conditioning, metal roofing, restaurant, kitchen, marine installations and hospital equipment fields.

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

- worked a minimum of **9,360 hours** performing the tasks listed in Section D, 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 o	or Employment Informa	ation of Applica	nt		
Enter the contact information for Declaration.	your own business if you are sel	lf-employed or your pi	revious emp	loyer who will not complete an Employer	
Name of Organization/Employe	r/Business:		Business Fonly)	Registration Number: (Self-Employment	
Business Address (Street Name/	Number, Building/Unit Numb	er):		City:	
Province/ State:	Country:			Postal Code/ Zip Code:	
Business Phone Number:	Email Address:		Website:		
Enter the dates and number of ho employment on one form, but you					
Dates of Employment (MM/DD/ From:	Total Number Hours of Sheet Metal Worker 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 Emplo	yer Declaration	
Applicants must attempt to contact current or previous employers to request an Employer Declaration to be	filled out and sig	ned.
If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work	experience, indic	cate 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 journal period indicated in Section B.	bb tasks listed belo	ow during the
	DECLA	RATION CONSE
period indicated in Section B. JOB TASKS (77)	DECLA	RATION
period indicated in Section B.	DECLA	RATION
period indicated in Section B. JOB TASKS (77) PERFORMS COMMON OCCUPATIONAL SKILLS	DECLA RESP	RATION ONSE
period indicated in Section B. JOB TASKS (77) PERFORMS COMMON OCCUPATIONAL SKILLS Performs safety-related functions	DECLA RESP	RATION PONSE
PERFORMS COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment	DECLA RESP Yes Yes	RATION PONSE
PERFORMS COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment	DECLA RESP	RATION PONSE
PERFORMS COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Performs lock-out and tag-out procedures	DECLA RESP Yes Yes Yes Yes	RATION PONSE No No No
PERFORMS COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Performs lock-out and tag-out procedures Uses and maintains tools and equipment	DECLA RESP Yes Yes Yes Yes	RATION PONSE No No No No
PERFORMS COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Performs lock-out and tag-out procedures Uses and maintains tools and equipment Uses hand and portable power tools	DECLA RESP Yes Yes Yes Yes Yes	RATION PONSE No No No No
PERFORMS COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Performs lock-out and tag-out procedures Uses and maintains tools and equipment Uses hand and portable power tools Uses shop tools and equipment	DECLARESP Yes Yes Yes Yes Yes Yes Yes Yes	RATION ONSE
PERFORMS COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Performs lock-out and tag-out procedures Uses and maintains tools and equipment Uses hand and portable power tools Uses shop tools and equipment Uses gas metal arc welding (GMAW) equipment	DECLA RESP Yes Yes Yes Yes Yes	RATION PONSE No No No No
PERFORMS COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Performs lock-out and tag-out procedures Uses and maintains tools and equipment Uses hand and portable power tools Uses shop tools and equipment Uses gas metal arc welding (GMAW) equipment	DECLARESP Yes Yes Yes Yes Yes Yes Yes Yes	RATION ONSE



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JOB TASKS (77)	DECLARATION RESPONSE		
Uses gas tungsten arc welding (GTAW) equipment	Yes	☐ No	
Uses shielded metal arc welding (SMAW) equipment	☐ Yes	☐ No	
Uses oxy-fuel and plasma arc cutting equipment	☐ Yes	☐ No	
Uses soldering and brazing equipment	☐ Yes	☐ No	
Uses measuring and layout equipment	☐ Yes	☐ No	
Uses testing and inspection devices	☐ Yes	☐ No	
Uses stationary and mobile work platforms	Yes	☐ No	
Uses hoisting, rigging and positioning equipment	Yes	☐ No	
Organizes work			
Uses trade-related documentation	Yes	☐ No	
Interprets drawings	Yes	☐ No	
Organizes materials and equipment for project	Yes	☐ No	
Performs basic design and field modifications	Yes	☐ No	
Uses communication and mentoring techniques			
Uses communication techniques	Yes	☐ No	
Uses mentoring techniques	☐ Yes	☐ No	
PERFORMS FABRICATION			
Performs pattern development			
Develops patterns using simple and straight-line layout	☐ Yes	☐ No	
Develops patterns using parallel line method	☐ Yes	☐ No	
Develops patterns using radial line method	☐ Yes	☐ No	
Develops patterns using triangulation method	☐ Yes	☐ No	
Uses computer technology for pattern development	Yes	☐ No	
Fabricates sheet metal components for air and material handling systems			
Cuts ductwork, fittings and components	☐ Yes	☐ No	
Forms ductwork, fittings and components	Yes	□ No	
Insulates ductwork, fittings and components	Yes	☐ No	
Assembles ductwork, fittings and components	☐ 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 Ini	tials:	



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JOB TASKS (77)	DECLARATION RESPONSE			
Fabricates dampers	Yes	☐ No		
Fabricates hanger systems, supports and bases	☐ Yes	☐ No		
Fabricates flashing, roofing, sheeting and cladding				
Cuts metal for flashing, roofing, sheeting and cladding	☐ Yes	☐ No		
Forms flashing, roofing, sheeting and cladding	☐ Yes	☐ No		
Fabricates specialty products				
Cuts material for specialty products	☐ Yes	☐ No		
Forms specialty products	☐ Yes	☐ No		
Assembles specialty products	☐ Yes	☐ No		
Finishes specialty products	Yes	☐ No		
INSTALLS AIR AND MATERIAL HANDLING SYSTEMS				
Prepares installation site				
Performs on-site measurements	☐ Yes	☐ No		
Performs demolitions for renovations	Yes	☐ No		
Installs penetrations and sleeves	☐ Yes	☐ No		
Installs supports and bases	☐ Yes	☐ No		
Installs hangers, cables, braces and brackets	☐ Yes	☐ No		
Installs and connects chimneys, breeching and venting to exhaust appliances and mechanical equipment				
Installs chimney	☐ Yes	☐ No		
Connects appliances or mechanical equipment to chimney and breeching	☐ Yes	☐ No		
Installs high efficiency appliances and mechanical equipment	☐ Yes	☐ No		
Installs air handling system components				
Installs air handling equipment	☐ Yes	☐ No		
Installs sheet metal ducts and fittings	☐ Yes	☐ No		
Installs dampers	Yes	☐ No		
Installs fire and fire/smoke dampers	Yes	☐ No		
Installs registers, grilles, diffusers and louvers	☐ Yes	☐ No		
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JOB TASKS (77)	DECLARATION RESPONSE			
Installs terminal boxes	☐ Yes	☐ No		
Installs coils	☐ Yes	☐ No		
Installs system component accessories	☐ Yes	☐ No		
Installs plenums	☐ Yes	☐ No		
Installs material handling system components				
Installs pneumatic and gravity material handling system components	Yes	☐ No		
Installs mechanized material handling system components	Yes	□ No		
Applies thermal insulation, lagging, cladding and flashing	_			
Applies thermal insulation to components	☐ Yes	□ No		
Applies lagging and cladding to components	☐ Yes	 ☐ No		
Applies flashing to components	☐ Yes	□ No		
Performs leak testing, air balancing and commissioning				
Performs leak tests	☐ Yes	☐ No		
Performs testing, adjusting and balancing (TAB)	☐ Yes	□ No		
Participates in the commissioning of air and material handling systems	Yes	□ No		
INSTALLS ROOFING AND SPECIALTY PRODUCTS				
Installs metal roofing and cladding/siding systems				
Lays out roof and walls	Yes	□ No		
Installs insulation, isolation material and building envelope components	☐ Yes	□ No		
Installs roofing and cladding/siding system components	☐ Yes	□ No		
Seals exposed joints.	☐ Yes	□ No		
Installs decking	Yes	□ No		
Installs exterior components				
Prepares surface	Yes	□ No		
Fastens exterior components				
Installs specialty products				
Installs stainless steel specialty products.	☐ Yes	□ No		
Installs non-stainless steel specialty products				
	∐ Yes	☐ No		
Enter the applicant's initials on every page of this form				
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JOB TASKS (77)	DECLARATION RESPONSE	
Installs marine products (Not Common Core)	☐ Yes	☐ No
PERFORMS MAINTENANCE AND REPAIR		
Performs scheduled maintenance		
Performs maintenance inspections	Yes	☐ No
Services components	Yes	☐ No
Repairs faulty systems and components		
Diagnoses system faults	Yes	☐ No
Repairs worn or faulty components	☐ Yes	☐ No
I certify that the information I have provided is true and accurate. (Note: Collection and protection of personal accordance with the provisions of the Freedom of Information and Protection of Privacy Act.) Applicant Name (please print): Applicant Signature: D	ate: (MM/DD/Y	

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I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.

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



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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:		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	nat ref	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
2. Reference							
Relationship to Applicant:		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	nat ref	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
3. Reference							
Relationship to Applicant:		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	at ref	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
Enter the applicant's initials o	on ev	ery page of th	is form				
hereby certify, that to the b	est o	f my knowled	lge, the inforn	natio	n I am providing i	s true	e and accurate. Applicant's Initials: