PARTS TECHNICIAN 1

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.

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

- worked a minimum of 2,520 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 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)		
Mailing Address:		·	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)		Total Number Hours of Parts Technician 1 Experience Accumulated in that Period:
From:	То:	
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 (32)	DECLARATIO	N RESPONSE
OVERVIEW OF WAREHOUSE OPERATIONS		
Use ethical behaviour in a warehouse environment	Yes	🗌 No
Interpret the human rights statutes in British Columbia	Yes	🗌 No
Apply basic warehouse terminology and operations	Yes	🗌 No
Apply warehouse skill requirements	Yes	🗌 No
Use warehouse technology	Yes	🗌 No
Maintain the relationship of the warehouse to other divisions within an enterprise	Yes	🗌 No
COMMUNICATION AND COMPREHENSION SKILLS		
Use effective verbal communication skills	Yes	🗌 No
Use basic written communication skills	Yes	🗌 No
Use various warehouse calculations	Yes	🗌 No

Enter the applicant name (repeat on every page of this form)

Legal First Name: Legal Midd	le Name(s):	Legal Last Name:
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JOB TASKS (32)	DECLARATION RESPONSE			
WAREHOUSE SAFETY SKILLS				
Define basic first aid	Yes	🗌 No		
Maintain a safe work environment	Yes	🗌 No		
Apply regulations and procedures for the transporting of dangerous goods	Yes	🗌 No		
Apply WHMIS	Yes	🗌 No		
Use safe lifting, carrying, and repetitive strain injury control prevention	Yes	🗌 No		
Employ applicable environmental protection for the recycling of waste materials	Yes	🗌 No		
Apply fire and emergency response procedures	Yes	🗌 No		
Use the components of a safety meeting	Yes	🗌 No		
BASIC MATERIAL HANDLING OPERATIONS AND PROCEDURES				
Receive goods and complete related documentation	Yes	🗌 No		
Perform distribution and stocking of incoming materials	Yes	🗌 No		
Store material	Yes	🗌 No		
Fill orders from stock	Yes	🗌 No		
Perform allocation of products	Yes	🗌 No		
Pack goods for transportation	Yes	🗌 No		
Employ correct stock maintenance	Yes	🗌 No		
Process returned items	Yes	🗌 No		
MATERIAL HANDLING AND PACKAGING EQUIPMENT				
Use appropriate small tools for package handling	Yes	🗌 No		
Use manual handling equipment	Yes	🗌 No		
Perform safe operation of a forklift	Yes	🗌 No		
Perform safe operation of a narrow aisle forklift	Yes	🗌 No		
Perform safe operation of cranes and required rigging	Yes	🗌 No		
INFORMATION TECHNOLOGY IN WAREHOUSING	• •			
Use information technology in a warehouse environment	Yes	🗌 No		
Use work computers ethically	Yes	🗌 No		

Enter the applicant name (repeat on every page of this form)

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



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Ε. **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 name (repeat on every page of this form)

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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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 Emple Co-worker	byee		Contractor Client		Supplier Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Referenc	e:		Language(s) the English	at ref	erence can commun	icate:	(Check all that apply) Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		

2. Reference

Relationship to Applicant:		Former Empl Co-worker	oyee		Contractor Client		Supplier 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 communic	cate:	(Check all that apply)
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		

3. Reference

Relationship to Applicant:		Former Empl Co-worker	oyee		Contractor Client		Supplier 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:		

Enter the applicant name (repeat on every page of this form)

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

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