

#### 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.

"Tidal Angling Guides" organize and conduct fishing trips or expeditions in tidal waters for outdoor enthusiasts, adventurers, tourists and resort guests. They have knowledge of small vessel operations, safety and marine regulations, fishing techniques and equipment, and the environment in which they work. They are employed by private companies and resorts or may be self-employed.

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

- worked a minimum of **750 hours** performing the tasks listed in Section D,
- experience performing at least 70% of the job tasks listed in Section D, and
- evidence of the following certificates:

**Applicant Name** 

- Marine Basic First Aid OR an equivalent First Aid training course that is over 16 hours in duration (attach copy of the document)
- o Small Vessel Operator Proficiency (SVOP) (attach copy of the document)
- Transport Canada Certificates (must provide any one of the following): Domestic Vessel Safety (DVS), Small Domestic Vessel, Basic Safety (SDV-BS), Marine Emergency Duties (MED) A1 & A2 OR Marine Emergency Duties (MED) A3 (attach copy of the document)
- o Restricted Operator's Certificate Maritime (ROC-M) (attach copy of the document)

# 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/Bu	usiness:	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.

		Total Number Hours of <b>Tidal Angling Guide</b> Experience Accumulated in that Period:
From: To:		
Job Title of Applicant:		



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Vessel Type:			Vessel Length:			
Areas Fished	(check all that apply):	Strait of Georgia		☐ Strait of ]	uan de Fuca	
□Haida Gv	waii 🔲	North Coast/Hecate Strait		☐ Central (	Coast/Queen Charlotte S	ound
□West Coa	ast Vancouver Island	North Vancouver Island /Joh	nstone Strait	□Other:		
Species Fishe	ed (check all that apply): □Sal	mon □Halibut □Ling ner:	Cod □Rockfish	□Crab	□Shrimp/Prawns	
Indicate wh  Applicants of the second	ason for Statutory Declary a Statutory Declaration is requiplicant was self-employed must attempt to contact current been unable to obtain an Employen to try to obtain it.	ired for this period of emp  Em  or previous employers to r	ployer will/can request an Emplo	yer Declarat		signed.
	tutory Declaration of Jog in the appropriate columns, in			o tasks listed	below during the peri	od indicated in
Unit	Details		]	Frequently	Occasionally	Never
TAG-1	Encounter situations requiring Perform basic first aid procedu					
TAG-2	Respond to marine emergenci Use marine safety and survival					
Enter the a	pplicant name (repeat on ever	page of this form)				
Legal First N	lame:	Legal Middle Name(s):		Lega	al Last Name:	
		1				



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Unit	Details		Frequently	Occasionally	Never
TAG-3	Operate non-pleasure small vessels				
TAG-4	Prepare voyage details and sailing Use navigational aids and equipm	_			
TAG-5	Operate VHF marine radio equipm Make distress calls and DSC alerts				
TAG-6	Communicate with colleagues and situations Communicate with supervisors are protocol		_ _		
TAG-7	Work and interact effectively with Plan and manage time and tasks e	_			
TAG-8	Respond to conflict situations safe Resolve conflict situations encour				
TAG-9	Use and share local tourism inform	nation in the workplace			
TAG-10	Follow maritime and tidal angling Inform and instruct others of appl	_			
TAG-11	Apply and follow workplace safety Use and adjust safety and persona	-			
TAG-12	Interact appropriately with other coastal resource users while guiding Supervise the interactions of clients and colleagues with others				
TAG-13	Interact with the local environment protocols/regulations Supervise the interaction of others				
TAG-14	Act in an environmentally respon- Instruct and inform others about of sustainable behaviour			_ _	
TAG-15	Apply safe food, catch, and bait has Identify and use cleaning and san	andling principles and procedures itizing products appropriately			
Enter the applicant name (repeat on every page of this form)					
Legal First I	Name:	Legal Middle Name(s):	Legal I	ast Name:	



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Unit	Details		Frequently	Occasionally	Never
TAG-16	Use and maintain angling tools ar Select and match tools and equip				
TAG-17	Supervise the catch, release and re Follow and enforce regulations ar fishing				
TAG-18	Plan and schedule trip activities s Respond to clients special needs a Maintain all necessary trip logs ar	_			
I certify th	oplicant Signature at the information I have provided is be with the provisions of the Freedom	true and accurate. (Note: Collection n of Information and Protection of Priv	and protection of vacy Act.)	personal information o	on this form is in
Applicant N	Name (please print):	Applicant Signature:		Date: (MM/DD/Y	YYY)
Enter the	applicant name (repeat on every pa	age of this form)  Legal Middle Name(s):	Legal I	ast Name:	_
			Logar		



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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 Emp	oloyee		Contractor Client		Supplier Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	hat 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 Emp	loyee		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 commun	icate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
3. Reference							
Relationship to Applicant:		Former Emp	loyee		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 commun	icate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:			,		Position/Title:		
Phone Number:					Email Address:		
					1		
Enter the applicant name (re	peat	on every pa	age of this form	1)			
Legal First Name:			Legal Middle Na	ame(s	s):		Legal Last Name: