TIDAL ANGLING GUIDE

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: **(attach copies of documents):**
  - Marine Basic First Aid **OR** an equivalent First Aid training course that is over 16 hours in duration **(attach copy of the document)**
  - 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)**
  - Restricted Operator's Certificate – Maritime (ROC-M) **(attach copy of the document)**

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 **Tidal Angling Guide** Experience Accumulated in Period:
Job Title of Applicant:	

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Vessel Type:		Vessel Length:	
Areas Fished (check all that apply):	☐ Haida Gwaii ☐ West Coast Vancouver Island ☐ Strait of Georgia ☐ North Coast/Hecate Strait	☐ North Vancouver Island /Johnstone Strait ☐ Strait of Juan de Fuca ☐ Central Coast/Queen Charlotte Sound ☐ Other	
Species Fished (check all that apply):	☐ Salmon ☐ Halibut ☐ Ling Cod	☐ Rockfish ☐ Crab ☐ Shrimp/Prawns	☐ Other

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 in the appropriate column, indicate how often you have performed the job tasks listed below during the period indicated in Section B.

Unit	Details	Frequently	Occasionally	Never
TAG-1	Encounter situations requiring basic first aid	☐	☐	☐
	Perform basic first aid procedures	☐	☐	☐

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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Unit	Details	Frequently	Occasionally	Never
TAG-2	Respond to marine emergencies	☐	☐	☐
	Use marine safety and survival equipment	☐	☐	☐
TAG-3	Operate non-pleasure small vessels	☐	☐	☐
	Refuel non-pleasure small vessels	☐	☐	☐
TAG-4	Prepare voyage details and sailing plan	☐	☐	☐
	Use navigational aids and equipment	☐	☐	☐
TAG-5	Operate VHF marine radio equipment	☐	☐	☐
	Make distress calls and DSC alerts according to procedure	☐	☐	☐
TAG-6	Communicate with colleagues and customers in a variety of situations	☐	☐	☐
	Communicate with supervisors and authorities according to protocol	☐	☐	☐
TAG-7	Work and interact effectively with others in the workplace	☐	☐	☐
	Plan and manage time and tasks effectively	☐	☐	☐
TAG-8	Respond to conflict situations safely and professionally	☐	☐	☐
	Resolve conflict situations encountered in day-to-day operations	☐	☐	☐
TAG-9	Use and share local tourism information in the workplace	☐	☐	☐
TAG-10	Follow maritime and tidal angling rules and regulations	☐	☐	☐
	Inform and instruct others of applicable rules and regulations	☐	☐	☐
TAG-11	Apply and follow workplace safety policies and procedures	☐	☐	☐
	Use and adjust safety and personal protective equipment (PPE)	☐	☐	☐
TAG-12	Interact appropriately with other coastal resource users while guiding	☐	☐	☐

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Unit	Details	Frequently	Occasionally	Never
	Supervise the interactions of clients and colleagues with others	☐	☐	☐
TAG-13	Interact with the local environment according to protocols/regulations	☐	☐	☐
	Supervise the interaction of others with the coastal environment	☐	☐	☐
TAG-14	Act in an environmentally responsible and sustainable manner	☐	☐	☐
	Instruct and inform others about environmentally responsible and sustainable behavior	☐	☐	☐
TAG-15	Apply safe food, catch, and bait handling principles and procedures	☐	☐	☐
	Identify and use cleaning and sanitizing products appropriately	☐	☐	☐
TAG-16	Use and maintain angling tools and equipment appropriately	☐	☐	☐
	Select and match tools and equipment to angling conditions	☐	☐	☐
TAG-17	Supervise the catch, release and retention of fish by others	☐	☐	☐
	Follow and enforce regulations and limits related to recreational fishing	☐	☐	☐
TAG-18	Plan and schedule trip activities subject to a variety of circumstances	☐	☐	☐
	Respond to clients special needs and requests	☐	☐	☐
	Maintain all necessary trip logs and records	☐	☐	☐

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:	☐ 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:	

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