

GASFITTER – CLASS B 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.

"Gasfitters – Class B" design, install, test, adjust, maintain and repair lines, appliances, equipment and accessories in various sectors. Fuels may include natural gas, manufactured gas, liquefied petroleum gas, digester gas, landfill gas, biogas or a mixture or dilution of any of these gases and Hydrogen. Appliances and equipment include those that do not exceed 400 000 Btuh (British Thermal Units per hour) or 120 kW (kilowatts) such as boilers, burners, makeup air units, furnaces, process burners, and various other gas-fired equipment.

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

• worked a minimum of **4,500 hours** performing the tasks listed in Section D, and

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• experience performing at least **70%** of the job tasks listed in Section D.

A. Applicant Name

Legai First Name:	Legai Middle Name	e(s):	Le	gai Last Name:
B. Self-Employment or I	Employment Informat	tion of Applicar	nt	
Enter the contact information for you Declaration.	ır own business if you are self-	employed or your pro	evious em	nployer who will not complete an Employer
Name of Organization/Employer/B	usiness:		Business only)	s Registration Number: (Self-Employment
Business Address (Street Name/Nu	mber, Building/Unit Numbe	r):		City:
Province/ State:	Country:			Postal Code/ Zip Code:
Business Phone Number:	Email Address:		Website	:
Enter the dates and number of hours employment on one form, but you m				
Dates of Employment (MM/DD/YY From:	Total Number Hours of Gasfitter – Class B Experience Accumulated in Period:			
Job Title of Applicant:	To:			



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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	vor Doclaration	
Applicants must attempt to contact current or previous employers to request an Employer Declaration to be		
If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work you have taken to try to obtain it.	experience, indic	ate the steps
D. Statutory Declaration of Job Task Performance		
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo	b tasks listed belo	ow during the
period indicated in Section B.		8
JOB TASKS (50)		RATION ONSE
		RATION ONSE
COMMON OCCUPATIONAL SKILLS		
COMMON OCCUPATIONAL SKILLS Performs safety-related functions		
COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment		
COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment	RESP	ONSE
COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Maintains and uses tools and equipment	RESP Yes	ONSE No
COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Maintains and uses tools and equipment Maintains hand, power and powder-actuated tools	RESP Yes	ONSE No
COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Maintains and uses tools and equipment Maintains hand, power and powder-actuated tools Uses technical instruments and testers	Yes Yes	ONSE No No
COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Maintains and uses tools and equipment Maintains hand, power and powder-actuated tools Uses technical instruments and testers Uses access equipment	Yes Yes Yes	ONSE No No No
COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Maintains and uses tools and equipment Maintains hand, power and powder-actuated tools Uses technical instruments and testers	Yes Yes Yes Yes	No
COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Maintains and uses tools and equipment Maintains hand, power and powder-actuated tools Uses technical instruments and testers Uses access equipment	Yes Yes Yes Yes Yes Yes	No
COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Maintains and uses tools and equipment Maintains hand, power and powder-actuated tools Uses technical instruments and testers Uses access equipment Operates lifting, rigging and hoisting equipment	Yes Yes Yes Yes Yes Yes	No
COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Maintains and uses tools and equipment Maintains hand, power and powder-actuated tools Uses technical instruments and testers Uses access equipment Operates lifting, rigging and hoisting equipment Plans and prepares for installation, service and maintenance	Yes Yes Yes Yes Yes Yes Yes Yes	No
COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Maintains and uses tools and equipment Maintains hand, power and powder-actuated tools Uses technical instruments and testers Uses access equipment Operates lifting, rigging and hoisting equipment Plans and prepares for installation, service and maintenance Interprets drawings and codes Enter the applicant's initials on every page of this form	Yes Yes Yes Yes Yes Yes Yes Yes	No
COMMON OCCUPATIONAL SKILLS Performs safety-related functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Maintains and uses tools and equipment Maintains hand, power and powder-actuated tools Uses technical instruments and testers Uses access equipment Operates lifting, rigging and hoisting equipment Plans and prepares for installation, service and maintenance Interprets drawings and codes	Yes Yes Yes Yes Yes Yes Yes Yes	No



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JOB TASKS (50)	DECLARATION RESPONSE		
Selects systems, equipment and components	☐ Yes	☐ No	
Organizes work	☐ Yes	☐ No	
GAS PIPING PREPARATION AND ASSEMBLY			
Fits tube and tubing for gas piping systems			
Prepares tube and tubing for fitting	☐ Yes	☐ No	
Bends tube and tubing for gas piping systems	☐ Yes	☐ No	
Connects tube and tubing for gas piping systems	☐ Yes	☐ No	
Fits plastic pipe for gas piping systems			
Prepares plastic pipe for fitting	☐ Yes	☐ No	
Connects plastic pipe for gas piping systems	☐ Yes	☐ No	
Fits steel pipe for gas piping systems Sub-tasks			
Prepares steel pipe for fitting	☐ Yes	☐ No	
Connects steel pipe for gas piping systems	☐ Yes	☐ No	
VENTING AND AIR SUPPLY SYSTEMS			
Installs venting			
Lays out venting	☐ Yes	☐ No	
Prepares venting material for assembly	☐ Yes	☐ No	
Connects material for venting	☐ Yes	☐ No	
Installs air supply system			
Lays out air supply system	☐ Yes	☐ No	
Connects air supply systems	☐ Yes	☐ No	
Installs draft control systems			
Installs natural draft control systems	☐ Yes	☐ No	
Installs mechanical draft control systems	☐ Yes	☐ No	
CONTROLS AND ELECTRICAL SYSTEMS			
Selects and installs electronic components			
Performs selection and installation of combustion controls	☐ Yes	☐ No	
Performs selection and installation of flame safeguards	☐ 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:		



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JOB TASKS (50)	DECLARATION RESPONSE				
Performs selection and installation of safety and operating controls	☐ Yes	☐ No			
Selects and installs electrical components					
Selects electrical components	☐ Yes	☐ No			
Performs assembly and connection of electrical components	Yes	☐ No			
Installs automation and instrumentation control systems					
Performs selection of automation and instrumentation control systems	☐ Yes	☐ No			
Performs assembly and connection of automation and instrumentation control systems	☐ Yes	☐ No			
INSTALLATION OF SYSTEMS AND EQUIPMENT					
Installs gas-fired system piping and equipment					
Installs gas-fired equipment	☐ Yes	☐ No			
Installs gas piping systems	☐ Yes	☐ No			
Connects gas supply to equipment	☐ Yes	☐ No			
Connects equipment to energy distribution systems	☐ Yes	☐ No			
Installs gas-fired system components					
Installs valve trains	Yes	☐ No			
Installs accessories	☐ Yes	☐ No			
Installs propane storage and handling systems					
Installs propane storage systems	☐ Yes	☐ No			
Installs propane handling systems	☐ Yes	☐ No			
TESTING AND COMMISSIONING OF GAS FIRED SYSTEMS					
Tests gas-fired systems					
Tests gas piping systems	☐ Yes	☐ No			
Performs start-up procedures	☐ Yes	☐ No			
Commissions gas-fired systems					
Performs testing, adjusting and balancing procedures	☐ Yes	☐ No			
Completes commissioning report and handover	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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JO		DECLARATION RESPONSE		
SERVICING GAS FIRED SYSTEMS				
Maintains gas-fired systems				
Inspects system components and operati		Yes	☐ No	
Performs maintenance activities			Yes	☐ No
Repairs gas-fired systems				
Diagnoses gas-fired equipment and comp	ponents		Yes	☐ No
Selects replacement components		Yes	☐ No	
Replaces components			Yes	☐ No
Verifies operation			Yes	— ∏ No
Decommissions gas-fired systems				
Disconnects appliances and accessories		Г	Yes	□ No
Removes gas-fired systems and compone		∃ ∃ Yes	□ No	
E. Applicant Signature I certify that the information I have provided is accordance with the provisions of the Freedom			formation (on this form is in
Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YY	YYY)
Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YY	YYY)



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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	:		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	:		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	:		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's initials o	n ev	ery page of th	is form				
hereby certify, that to the be	est o	f my knowled	lge, the inforn	natio	n I am providing is	s true	e and accurate. Applicant's Initials: