

GASFITTER CLASS A 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 A" 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 and fuel oils. Appliances and equipment include those exceeding 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 or be granted authority to supervise, individuals must have:

- worked a minimum of **4,500 hours** performing the tasks listed in Section D,
- experience performing at least 70% of the job tasks listed in Section D, and
- hold one of the following certifications:
 - Technical Safety BC Gasfitter Class B Certificate of Qualification (CofQ) (attach copy of document)
 - SkilledTradesBC Gasfitter Class B CofQ (attach copy of document)
 - Gasfitter Class B Red Seal Endorsement (attach copy of document)
 - Gasfitter Class B CofQ from another Canadian jurisdiction (attach copy of document)

Holders of **Technical Safety BC Gasfitter Class A CofQ**, or holders of **Gasfitter Class A CofQ from another Canadian jurisdiction** will be eligible to challenge this certification by submitting an <u>Exam Application Form</u> along with a copy of the certificate.

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/Numb	er, 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 employment on one form, but you must				
Dates of Employment (MM/DD/YYYY):	Total Number Hours of Gasfitter Class A Experience Accumulated		
From:	То:	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 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 (48)	DECLARATION RESPONSE	
COMMON OCCUPATIONAL SKILLS		
Performs Safety-Related Functions		
Uses personal protective equipment (PPE) and safety equipment	Yes	🗌 No
Maintains safe work environment	Yes	🗌 No
Maintains And Uses Tools And Equipment		
Maintains hand, power and powder-actuated tools	Yes	🗌 No
Uses technical instruments and testers	Yes	🗌 No
Uses access equipment	Yes	🗌 No

I hereby certify, that to the best of my knowledge, the information I am providing is true and	Applicant's Initials:
accurate.	



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JOB TASKS (48)		RATION ONSE
Operates lifting, rigging and hoisting equipment	Yes	🗌 No
Plans And Prepares For Installation, Service And Maintenance		
Interprets drawings and codes	Yes	🗌 No
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		
Prepares steel pipe for fitting	Yes	🗌 No
Connects plastic 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 Systems		
Lays out air supply systems	Yes	🗌 No
Connects air supply systems	Yes	🗌 No
Installs Draft Controls Systems		
Installs natural draft control systems	Yes	🗌 No
Installs mechanical draft control systems	Yes	🗌 No

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JOB TASKS (48)		RATION ONSE
CONTROL 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
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
INSTALLATION OF SYSTEMS AND EQUIPMENT		
Installs Gas-Fired Systems 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 Systems 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

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JOB TASKS (48)		RATION ONSE
SERVICING GAS-FIRED SYSTEMS		
Maintains Gas-Fired Systems		
Inspects system components and operation	Yes	🗌 No
Performs maintenance activities	Yes	🗌 No
Repairs Gas-Fired Systems		
Diagnoses gas-fired equipment and components	Yes	🗌 No
Selects replacement components	Yes	🗌 No
Replaces components	Yes	🗌 No
Verifies operation	Yes	🗌 No
Decommissions Gas-Fired Systems		
Disconnects appliances and accessories	Yes	🗌 No
Removes gas-fired systems and components	Yes	🗌 No

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)

I hereby certify, that to the best of my knowledge, the information I am providing is true and	Applicant's Initials:
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GASFITTER CLASS A STATUTORY DECLARATION

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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 ☐ Co-worker	-	ontractor lient	□ Sup	plier er (i.e. HR; Bookkeeper; Accountant, Business
	_				please specify:
First and Last Name of Reference:		Language(s) that reference can communicate:		cate: (C	heck all that apply)
		English			Other (specify):
Organization/Business Name	e:		Position/Title:		
Phone Number:			Email Address:		

2. Reference

Relationship to Applicant:	 Former Emp Co-worker 		ontractor lient	 Supplier Other (i.e. HR; Bookkeeper; Accountant, Business Partner) please specify:
First and Last Name of Refere	ence:	Language(s) that refer	ence can communi	cate: (Check all that apply) Other (specify):
Organization/Business Name	e:		Position/Title:	
Phone Number:			Email Address:	

3. Reference

Relationship to Applicant:	Former Empl Co-worker	loyee C	ontractor lient	 Supplier Other (i.e. HR; Bookkeeper; Accountant, Business Partner) please specify:
First and Last Name of Refere	ence:	Language(s) that refer	ence can communio	icate: (Check all that apply)
Organization/Business Name	e:		Position/Title:	3:
Phone Number:			Email Address:	s:

I hereby certify, that to the best of my knowledge, the information I am providing is true and	Applicant's Initials:
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