APPLIANCE SERVICE TECHNICIAN

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 or Supervision and Sign-off Authority.

"Appliance Service Technician" refers to a person who repairs and maintains consumer related products including washers, dryers, stoves, refrigerators, dishwashers, microwave ovens and other major and small household appliances. They are also capable of servicing appliances whether electrical or gas operated, Natural or Liquid Petroleum Gas (LPG).

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **10,800 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)
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 **Appliance Service Technician** Experience Accumulated 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 (22)	DECLARATION RESPONSE	
Occupational Skills		
Uses tools and equipment	☐ Yes	☐ No
Organizes work	☐ Yes	☐ No
Removal And Installation Procedures		
Preparing installation sites	☐ Yes	☐ No
Handles appliances	☐ Yes	☐ No
Disconnects/reconnects appliances	☐ Yes	☐ No
Electrical And Electronic Systems		
Diagnoses electrical and electronic components	☐ Yes	☐ No
Performs electrical and electronic repairs	☐ 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 (22)	DECLARATION RESPONSE	
Mechanical Systems		
Diagnoses drive systems	☐ Yes	☐ No
Assesses cabinets, consoles and suspension systems	☐ Yes	☐ No
Repairs drive systems	☐ Yes	☐ No
Repairs cabinets, consoles and suspension systems	☐ Yes	☐ No
Water Systems		
Diagnoses water systems	☐ Yes	☐ No
Repairs water systems	☐ Yes	☐ No
Air Systems		
Diagnoses static air systems	☐ Yes	☐ No
Diagnoses forced air systems	☐ Yes	☐ No
Repairs static air systems	☐ Yes	☐ No
Repairs forced air systems	☐ Yes	☐ No
Refrigeration Systems		
Diagnoses refrigeration systems	☐ Yes	☐ No
Recovers refrigerant	☐ Yes	☐ No
Repairs refrigeration systems	☐ Yes	☐ No
Gas Systems		
Diagnoses gas system components and supply	☐ Yes	☐ No
Repairs gas system 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)

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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 ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:	
First and Last Name of Reference:	Language(s) that reference can communicate: ☐ English	(Check all that apply) ☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:	
First and Last Name of Reference:	Language(s) that reference can communicate: ☐ English	(Check all that apply) ☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:	
First and Last Name of Reference:	Language(s) that reference can communicate: ☐ English	(Check all that apply) ☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

Enter the applicant's initials on every page of this form

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