

BOILERMAKER

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.

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 7,425 hours performing the tasks listed in Section D, and
- experience performing at least 70% of the job tasks listed in Section D

int Name	li	App	A.
nt Nam	li	App	A.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:			
•	or Employment Information or your own business if you are self-em	n of Applicant ployed or your previous employer who will not complete an Employer			
Name of Organization/Employer/	Business:	Business Registration Number: (Self-Employment only)			
Mailing Address:		City:			
Province/ State:	Country:	Postal Code/ Zip Code:			
Business Phone Number:	Email Address:	Website:			
		self-employment. You may combine multiple periods of self- ent with different employers on separate forms.			
Dates of Employment (MM/DD/Y) From:	YYY): To:	Total Number Hours of Boilermaker Experience Accumulated in that Period:			
Job Title of Applicant:					
L					
Enter the applicant name (repedue) Legal First Name:	Legal Middle Name(s):	Legal Last Name:			



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Applicants must attempt to contact current or previous employers to request an Employer Declaration to be filled out and signed.

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Employer will/can not complete Employer Declaration

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C. Reason for Statutory Declaration

Applicant was self-employed

Indicate why a Statutory Declaration is required for this period of employment:

If you have been unable to obtain an Employer you have taken to try to obtain it. If sufficient			ate the s	teps	
D. Statutory Declaration of Job					
By checking "Yes" or "No" in the Declaration Reperiod indicated in Section B.	esponse column, indicate whether you hav	ve performed the job tasks listed belo	w during	g the	
Job Tasks (7)			Declar Resp		
PERFORM SAFETY-RELATED FUNCTIONS			Yes:		
Use Personal Protective Equipment, fall protection systems, and fire safety procedures; Control workplace hazards; Interpret OHS regulations and WorkSafeBC standards; Monitor confined space					
USE TOOLS, EQUIPMENT, AND WORK PLA	TFORMS		Yes:		
Use hand tools, power tools and shop fabrication tools, cutting tools and equipment, work platforms and access equipment					
ORGANIZE WORK			Yes:		
Use mathematics, drawings and specifications, communication and mentoring techniques; Handle materials and components					
PERFORM CUTTING AND WELDING ACTIVITIES					
Cut material; Perform welding					
USE RIGGING, HOISTING, AND LIFTING EQUIPMENT					
Plan lifts; Rig loads; Hoist loads; Fabricate rigging equipment					
LAY OUT, FABRICATE, AND ASSEMBLE VESSELS AND COMPONENTS					
Perform fabrication; Align and fit vessels and components; Fasten components					
Enter the applicant name (repeat on every pag	e of this form)				
Legal First Name:	Legal Middle Name(s):	Legal Last Name:			



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	"BONNOUND	customerservice@	skilledtradesbc.ca		
Job Tasks (7)			Declaration Response		
MAINTAIN, UPGRADE, AND REPAIR V	ESSELS AND COMPONENTS		Yes:		
Inspect and test vessels and components; Service vessels and components; Remove and dismantle vessels and components					
E. Applicant Signature					
I certify that the information I have provid accordance with the provisions of the Fre	ded is accurate. (Note: Collection and protection of Privacy	on of personal information on this fo v Act.)	rm is in		
Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/Y	Date: (MM/DD/YYYY)		
Enter the applicant name (repeat on ever					
Legal First Name:	Legal Middle Name(s):	Legal Last Name:			

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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	loyee		Contractor		Supplier
		Co-worker		ш	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	nicate:	(Check all that apply)
			☐ English				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	nicate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
3. Reference					1		
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	nicate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
Enter the applicant name (rep	oeat o	on every page	of this form)				
Legal First Name:			Legal Middle Na	ame(s):		Legal Last Name: