

## 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

Legal Last Name:

customer service @skilled trades bc.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.

A "Boilermaker" is a tradesperson who possesses the full range of knowledge, abilities and skills required to fabricate, construct, install, assemble, erect, demolish, repair and maintain a wide variety of vessels, tanks, towers, boilers, hoists and other structures, ancillary equipment and fixtures made of steel, other metals, fiberglass, and other materials. The broad scope of the boilermaker trade includes the construction and maintenance activities performed in the field and in industrial and commercial plants.

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:

Legal Middle Name(s):

- 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.

#### A. Applicant Name

Legal First Name:

B. Self-Employment	t or Employment In	of Application of Application	cant	
Enter the contact information f Declaration.	or your own business if yo	u are self-employed or you	r previous en	nployer who will not complete an Employer
Name of Organization/Employer/	Business:		Business	Registration Number: (Self-Employment only)
Business Address (Street Nam	e/Number, Building/Uni	t Number):	·	City:
Province/ State:	Country:			Postal Code/ Zip Code:
Business Phone Number:	Email Address:		Website:	
Enter the dates and number of employment on one form, but y				ay combine multiple periods of self- rs on separate forms.
Dates of Employment (MM/DD/Y	YYYY):	Total Numbe	er Hours of <b>Bo</b>	<b>ilermaker</b> Experience Accumulated in Period:
From:	То:			
Job Title of Applicant:		•		



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C. Reason for Statutory Declaration	n		
Indicate why a Statutory Declaration is required for	this period of employment:		
Applicant was self-employed	Employer will/can not complete Em	ployer Declaration	
Applicants <b>must</b> attempt to contact current or previ	ous employers to request an Employer Declaration to	be filled out and sig	gned.
	laration for any portion of your non-self-employed wo	ork experience, <b>indic</b>	cate the steps
you have taken to try to obtain it.			
D. Statutory Declaration of Job Tas	k Performance		
•	nse column, indicate whether you have performed the	e job tasks listed bel	ow during the
		CLIPTIN	DI HOOD
JOB TA	ASKS (26)	DECLA	RVISOR .RATION PONSE
JOB TA	ASKS (26)	DECLA	RATION
	ASKS (26)	DECLA	RATION
Performs Safety-Related Functions	ASKS (26)	DECLA RESP	RATION PONSE
Performs Safety-Related Functions  Uses Personal Protective Equipment	ASKS (26)	DECLA RESP	RATION PONSE
Performs Safety-Related Functions  Uses Personal Protective Equipment  Uses Fall Protection Systems	ASKS (26)	DECLA RESP	RATION PONSE No No
Performs Safety-Related Functions  Uses Personal Protective Equipment  Uses Fall Protection Systems  Uses Fire Safety Procedures		DECLA RESP  Yes Yes Yes Yes	RATION PONSE  No No No
Performs Safety-Related Functions  Uses Personal Protective Equipment  Uses Fall Protection Systems  Uses Fire Safety Procedures  Controls Workplace Hazards		DECLA RESP  Yes Yes Yes Yes Yes	RATION PONSE  No No No No
Performs Safety-Related Functions  Uses Personal Protective Equipment  Uses Fall Protection Systems  Uses Fire Safety Procedures  Controls Workplace Hazards  Interprets OHS Regulations and WorkSafeBC	Standards	DECLA RESP  Yes Yes Yes Yes Yes Yes	RATION PONSE  No No No No No No
Performs Safety-Related Functions  Uses Personal Protective Equipment  Uses Fall Protection Systems  Uses Fire Safety Procedures  Controls Workplace Hazards  Interprets OHS Regulations and WorkSafeBC  Monitors Confined Space	Standards	DECLA RESP  Yes Yes Yes Yes Yes Yes	RATION PONSE  No No No No No No
Performs Safety-Related Functions  Uses Personal Protective Equipment  Uses Fall Protection Systems  Uses Fire Safety Procedures  Controls Workplace Hazards  Interprets OHS Regulations and WorkSafeBC  Monitors Confined Space  Uses Tools, Equipment, And Work Plate	Standards	DECLA RESP  Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
Performs Safety-Related Functions  Uses Personal Protective Equipment  Uses Fall Protection Systems  Uses Fire Safety Procedures  Controls Workplace Hazards  Interprets OHS Regulations and WorkSafeBC  Monitors Confined Space  Uses Tools, Equipment, And Work Plate  Uses Hand Tools	Standards	DECLA RESP  Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
Performs Safety-Related Functions  Uses Personal Protective Equipment  Uses Fall Protection Systems  Uses Fire Safety Procedures  Controls Workplace Hazards  Interprets OHS Regulations and WorkSafeBC  Monitors Confined Space  Uses Tools, Equipment, And Work Plat  Uses Hand Tools  Uses Power Tools and Shop Fabrication Tools	Standards	DECLA RESP  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye	No
Performs Safety-Related Functions  Uses Personal Protective Equipment  Uses Fall Protection Systems  Uses Fire Safety Procedures  Controls Workplace Hazards  Interprets OHS Regulations and WorkSafeBC  Monitors Confined Space  Uses Tools, Equipment, And Work Plate  Uses Hand Tools  Uses Power Tools and Shop Fabrication Tools  Uses Cutting Tools and Equipment	Standards	Yes   Yes	No



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JOB TASKS (26)			SUPERVISOR DECLARATION RESPONSE		
Organizes Work					
Uses Mathematic		☐ Yes	☐ No		
Uses Drawings and Specifications		☐ Yes	☐ No		
Uses Communication and Mentoring Techniqu	es	☐ Yes	☐ No		
Handles Materials and Components		☐ Yes	☐ No		
Performs Cutting And Welding Activities	s				
Cuts Material		☐ Yes	☐ No		
Performs Welding		☐ Yes	☐ No		
Uses Rigging, Hoisting, And Lifting Equi	pment				
Plans Lifts		☐ Yes	☐ No		
Rigs Loads		☐ Yes	☐ No		
Hoists Loads		☐ Yes	☐ No		
Fabricates Rigging Equipment		☐ Yes	☐ No		
Lays Out, Fabricates, And Assembles Ve	ssels And Components				
Performs Fabrication		☐ Yes	☐ No		
Aligns And Fits Vessels and Components		☐ Yes	☐ No		
Fastens Components		☐ Yes	☐ No		
Maintains, Upgrades, And Repairs Vesse	els And Components				
Inspects and Tests Vessels and Components		☐ Yes	☐ No		
Services Vessels and Components		☐ Yes	☐ No		
Removes and Dismantles Vessels and Compone	ents	☐ Yes	☐ No		
E. Applicant Signature  I certify that the information I have provided is true as accordance with the provisions of the Freedom of Info		onal information o	on this form is in		
Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YY	YY)		
Enter the applicant's initials on every page of this for I hereby certify, that to the best of my knowledge, accurate.		Applicant's Init	ials:		



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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.

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	at 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	at 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:
			Languago(a) th	ot nof		cate:	(Check all that apply)
First and Last Name of Reference	:	Í	Language(s) ii	iai rei	erence can communi		
First and Last Name of Reference	:		English	iai iei	erence can communi		Other (specify):
	:				Position/Title:		Other (specify):
Organization/Business Name:	::			lat rei			Other (specify):
First and Last Name of Reference Organization/Business Name: Phone Number:	::				Position/Title:		Other (specify):
Organization/Business Name:		rery page of t	English		Position/Title:		Other (specify):