

**INDUSTRIAL MECHANIC
(MILLWRIGHT)
STATUTORY DECLARATION
OF WORK EXPERIENCE**

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.

“Industrial Mechanic (Millwright)” means a person who dismantles, moves, installs, lays out, sets-up, repairs, commissions, overhauls and maintains all machinery and heavy mechanical equipment, including power transmissions, conveyors, hoists, pumps, compressors, alignment, fluid power and vibration analysis.

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 **9,540 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Holders of a Canadian **military certificate** in **Marine Engineer MT #367 / Marine Engineering Technician MT #313, QL5 or higher** will be eligible to challenge this certification by submitting an [Exam Application Form](#) along with a copy of the certificate.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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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 Industrial Mechanic (Millwright) 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 (59)	DECLARATION RESPONSE	
Performs Safety Related Functions		
Uses codes, regulations and standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses PPE and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains safe worksite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs lock-out, tag-out and zero-energy procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Tools and Equipment		
Uses hand and portable power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses shop machines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses access equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> 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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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

JOB TASKS (59)	DECLARATION RESPONSE	
Performs Routine Trade Activities		
Uses mathematics and science	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plans work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lubricates systems and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs leveling of components and systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses fastening and retaining devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses manufacturer, supplier and reference documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs material identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs heat treatment of metal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mechanical drawings and specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Communication and Mentoring Techniques		
Uses communication techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Measuring and Layout of Work Piece		
Prepares work area, tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Layouts and fabricates work piece	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Cutting and Welding Operations		
Cuts material with oxy-fuel and plasma arc cutting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Welds material using shielded arc welding equipment (SMAW)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Welds material with gas metal arc welding equipment (GMAW)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Welds material with gas tungsten arc welding equipment (GTAW)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform Rigging, Hoisting/Lifting and Moving		
Selects and uses sling and rigging attachments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects and uses hoisting and lifting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Creates a rigging plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Shafts, Bearings and Seals		
Selects, installs and maintains shafts, bearings, and seals	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (59)	DECLARATION RESPONSE	
Services Couplings, Clutches and Brakes		
Selects, installs and maintains couplings, clutches and brakes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Chain and Belt Drive Systems		
Selects, installs, and maintains chain drive systems and belt drive systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Gear Systems		
Selects and installs gear systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses, maintains and repairs gear systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Shaft Alignment Procedures		
Performs rough alignment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs dial alignment procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs laser alignment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Fans and Blowers		
Selects, installs and maintains fans and blowers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Pumps		
Identifies and selects positive and non-positive displacement pumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs, maintains and repairs positive and non-positive displacement pumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Compressors		
Identifies and selects compressors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
installs, maintains and repairs compressors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Piping, Tanks and Containers		
Selects, installs, and maintains piping, and process tanks and containers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Hydraulic Systems		
Identifies hydraulic components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assembles hydraulic circuits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and repairs hydraulic systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Pneumatic and Vacuum Systems		
Identifies pneumatic and vacuum components	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (59)	DECLARATION RESPONSE	
Assembles pneumatic and vacuum circuits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and repairs pneumatic and vacuum systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Conveying Systems		
Identifies conveying system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assembles conveying systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and repairs conveying systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Prime Movers		
Services electric motors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services internal combustion engines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services turbines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Preventative and Predictive Maintenance		
Performs preventative and predictive maintenance activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs vibration analysis procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs balancing procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs non-destructive evaluation (NDE) procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Commissioning and Decommissioning of Equipment		
Commissions and decommissions systems and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Robotics and Automated Equipment		
Services robotics and automated equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

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

3. Reference

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

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