

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 9,990 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 R	egistration Number: (Self-Employment only)
Mailing Address:			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 (M	M/DD/YYYY):	Total Number Hours of Insulator (Heat and Frost) Experience Accumulated in that Period:
From:	То:	
Job Title of Applicant:		

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INSULATOR (HEAT AND FROST)

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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 com	plete Employer Declaration
Applicant was sen-employed	Linployer will/ call not com	piete Employer Declaration

Applicants must attempt to contact current or previous employers to request an Employer Declaration 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. If sufficient evidence of steps taken is not provided, the application may not be approved.

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 (46)	Declar Respo	
PERFORM SAFETY-RELATED FUNCTIONS Use personal protective equipment (PPE) and safety equipment	Yes: No:	
Maintain safe work environment	Yes: No:	
USE AND MAINTAIN TOOLS AND EQUIPMENT Use tools and equipment	Yes: No:	
Use access equipment	Yes: No:	
ORGANIZE WORK Perform task scheduling	Yes: No:	
Organize materials on site	Yes: No:	
USE COMMUNICATION AND MENTORING TECHNIQUES Use communication and mentoring techniques	Yes: No:	

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ob Tasks (46)	Decla Resp	ratior onse
PERFORM ROUTINE TRADE PRACTICES Perform measurements and calculations	Yes: No:	
Interpret specifications and drawings	Yes: No:	
Prepare substrates	Yes: No:	
Select materials	Yes: No:	
Perform layout	Yes: No:	
INSULATE PIPING AND FITTINGS Install insulation on piping, fittings and hangers	Yes: No:	
Apply vapour barriers on piping and fittings	Yes: No:	
Install cladding, jacketing and finishes on piping and fittings	Yes: No:	
INSULATE TANK, VESSELS AND EQUIPMENT Install insulation on tanks, vessels and equipment	Yes: No:	
Apply vapour barriers on tanks, vessels and equipment	Yes: No:	
Install cladding, jacketing and finishes on tanks, vessels and equipment	Yes: No:	
INSULATE PLUMBING AND MECHANICAL PIPING SYSTEMS Install insulation on plumbing and mechanical piping systems	Yes: No:	
Apply vapour barrier on insulated plumbing and mechanical piping systems	Yes: No:	
Install cladding, jacketing and finishes on insulated plumbing and mechanical piping systems	Yes: No:	
Install insulation on mechanical ducting	Yes: No:	
Install vapour barrier on insulated mechanical ducting	Yes: No:	
Install cladding, jacketing and finishes on insulated mechanical ducting	Yes:	

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Job Tasks (46)		Declaration Response	
	No:		
INSULATE MECHANICAL EQUIPMENT	Yes:		
Install insulation on mechanical equipment	No:		
Apply vapour barrier on insulated mechanical equipment	Yes:		
INSTALL FIRE STOP SYSTEMS	No:		
Identify approved fire stop system	Yes: No:		
Apply fire stop materials to architectural, structural, mechanical and electrical components	Yes: No:		
INSULATE FOR SOUNDPROOFING	Yes:		
Insulate piping and equipment for soundproofing	No:		
Install acoustic assemblies for soundproofing	Yes: No:		
INSTALL REMOVABLE COVER	Yes:		
Fabricate removable covers	No:		
Fasten removable covers	Yes: No:		
INSTALL UNDERGROUND INSULATING SYSTEMS Install pipe insulation to underground systems	Yes: No:		
Install pour-in-place and spray-on insulation to underground systems	Yes: No:		
SPRAY SEALERS, COATINGS AND SPRAY-ON INSULATION Prepare material, equipment, surrounding work area and substrate for spraying	Yes: No:		
Apply reinforcing material, spray insulation, coatings and sealers	Yes: No:		
INSTALL FIREPROOFING Apply fireproofing to architectural, structural, mechanical and electrical components	Yes: No:		
Apply protective covering to fireproofing materials	Yes: No:		
INSTALL INSULATION FOR REFRACTORY SYSTEMS Apply insulation to refractory systems	Yes: No:		
Install reflective systems	Yes: No:		

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Job Tasks (46)	Declar Resp	
Install cladding, jacketing and finishes to refractory systems	Yes: No:	
INSTALL INSULATION FOR CRYOGENIC SYSTEMS Apply insulation to cryogenic systems	Yes: No:	
Apply vapour barriers to insulated components of cryogenic systems	Yes: No:	
Install cladding, jacketing and finishes to cryogenic systems	Yes: No:	
INSULATE FOR MARINE APPLICATIONS Insulate bulkheads, deckheads and hulls; Install cladding, jacketing and finishes on marine applications	Yes: No:	
PERFORM ASBESTOS ABATEMENT Prepare for asbestos abatement; Remove and maintain asbestos; Perform lead abatement and mould remediation	Yes: No:	

E. Applicant Signature

I certify that the information I have provided is 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 Empl	oyee		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	ference can commun	icate:	(Check all that apply)
			English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		

2. Reference

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

3. Reference

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

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