

# MACHINIST

#### 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 9,495 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 **military certificate** in **Marine Engineer MT #367 / Marine Engineering Technician MT #313, QL5 or higher** will be eligible to challenge this certification.

#### 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)		
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 (MM/DD/YY	YY):	Total Number Hours of <b>Machinist</b> Experience Accumulated in that Period:
From:	То:	
Job Title of Applicant:		

Enter the applicant name (repeat on every page of this form)

Legal First Name:	Legal Middle Name(s):	Legal Last Name:



## MACHINIST STATUTORY DECLARATION OF WORK EXPERIENCE

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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. 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 (8)							
OCCUPATIONAL SKILLS	Yes:						
Using tools and equipment; organizing work; processing material; and maintaining machines	No:						
BENCH WORK	Yes:						
Performing hand processes; and refurbishing components	No:						
DRILL PRESSES	Yes:						
Setting up and operating drill presses.	No:						
LATHES	Yes:						
Setting up and operating manual lathes.	No:						
MILLS	Yes:						
Setting up and operating manual milling machines.	No:						
SAWS	Yes:						
Setting up and operating power saws.	No:						
GRINDERS	Yes:						
Setting up and operating grinders.	No:						

Enter the applicant name (repeat on every page of this form)

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

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Job Tasks (8)				
COMPUTER NUMERICAL CONTROL (CNC) MACHINES Performing basic CNC programming; and setting up and operating CNC machines to a maximum of 40% of the required trade related work experience hours	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)

*Enter the applicant name (repeat on every page of this form)* 

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 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	at ref	erence 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 Referenc	e:		Language(s) th English	nat ref	erence can communi	cate:	(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:		

Enter the applicant name (repeat on every page of this form)

Legal First Name:	Legal Middle Name(s):	Legal Last Name: