METAL FABRICATOR (FITTER)

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.

"Metal Fabricator" means a person who interprets drawings and involving the development, layout, marking, cutting, burning, sawing, shearing, punching, rolling, bending, drilling, shaping, forming, straightening, fitting and assembling, reaming, bolting, riveting, welding, testing, inspecting, preparing, priming, painting, rigging, and handling of structural and mechanical fabrications constructed from plates and structural shapes of ferrous and non-ferrous metals in the Metal Fabrication Trade.

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 **7,200 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 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 **Metal Fabricator (Fitter)** 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 (35)	DECLARATION RESPONSE	
Performs Safety-Related Functions		
Maintains a safe work environment	☐ Yes	☐ No
Uses Tools And Equipment		
Uses hand, power, layout and measuring tools and equipment	☐ Yes	☐ No
Uses stationery machinery	☐ Yes	☐ No
Uses thermal cutting and welding equipment	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ 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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JOB TASKS (35)	DECLARATION RESPONSE	
Uses computer numerical controlled (CNC) equipment	☐ Yes	☐ No
Interprets Plans, Drawings And Specifications		
Interprets blueprints	☐ Yes	☐ No
Interprets structural steel drawings	☐ Yes	☐ No
Performs Quality Control		
Performs inspection	☐ Yes	☐ No
Verifies structural measurements, welds and layout	☐ Yes	☐ No
Tracks structural materials, consumables and parts for traceability	☐ Yes	☐ No
Applies principles of metallurgy	☐ Yes	☐ No
Controls distortion	☐ Yes	☐ No
Handles Materials		
Organizes specialty materials and products	☐ Yes	☐ No
Calculates mass for structural steel	☐ Yes	☐ No
Applies rigging practices	☐ Yes	☐ No
Operates material handling equipment	☐ Yes	☐ No
Performs Trade Math And Layout		
Performs line development	☐ Yes	☐ No
Calculates bending allowances and stretch outs	☐ Yes	☐ No
Calculates diagonals, volume, mass and capacity	☐ Yes	☐ No
Forms Materials		
Forms material using plate rolls	☐ Yes	☐ No
Forms material using shape rolls	☐ Yes	☐ No
Forms material using brake press	☐ Yes	☐ No
Forms material using computer numerical controlled (CNC) brake press	☐ Yes	☐ No
Fabricates plate	☐ Yes	☐ No

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JOB TASKS (35)	DECLARATION RESPONSE	
Fabricates Components		
Constructs templates and jigs	☐ Yes	☐ No
Constructs sub-components	☐ Yes	☐ No
Determines proper sequence for assembly and welding	☐ Yes	☐ No
Assembles sub-components and components	☐ Yes	☐ No
Sets fabricated component in place	☐ Yes	☐ No
Fabricates structural components	☐ Yes	☐ No
Performs Welding Activities		
Applies weld symbols	☐ Yes	☐ No
Uses welding processes	☐ Yes	☐ No
Completes Project		
Determines finishing process	☐ Yes	☐ No
Prepares material for finishing	☐ Yes	☐ 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)

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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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 Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

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: