

### METAL FABRICATOR (FITTER)

## STATUTORY DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service 800 – 8100 Granville Ave Richmond, BC V6Y 3T6 Tel: 778-328-8700

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 **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. Ap	plicant	Name
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Legal First Name:	Legal Middle Nan	dle Name(s):		Last Name:		
B. Self-Employment	t or Employment Inform	nation of Applica	ant			
Enter the contact information for Declaration.	or your own business if you are	self-employed or your p	revious empl	loyer who will not complete an Employer		
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 lemployment on one form, but y	hours for this period of employr you must separate periods of em	nent or self-employmen	nt. You may c nt employers c	combine multiple periods of self- on separate forms.		
Dates of Employment (MM/DD/Y	YYY):	Total Number in that Period:	Total Number Hours of <b>Metal Fabricator (Fitter)</b> Experience Accumulated in that Period:			
From:	То:					
Job Title of Applicant:						
Enter the applicant name (repe	eat on every page of this form)					
Legal First Name:	Legal Middle Na	me(s):	Lega	al Last Name:		



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Applicants must attempt to contact current or previous employers to request an Employer Declaration filled out and signed.

you have taken to try to obtain it. If sufficient evidence of steps taken is not provided, the application may not be approved.

If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, indicate the steps

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Employer will/can not complete Employer Declaration

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#### C. Reason for Statutory Declaration

Applicant was self-employed

Indicate why a Statutory Declaration is required for this period of employment:

D. Statutory Declaration of Job 7 By checking "Yes" or "No" in the Declaration Reperiod indicated in Section B.		ther you have pe	rformed the job tasks listed belo	ow during	gthe
Job Tasks (10)				Declar Resp	
PERFORM SAFETY-RELATED FUNCTIONS  Maintain a safe work environment				Yes: No:	
USE TOOLS AND EQUIPMENT  Use hand, power, layout and measuring tools and equipment; use stationery machinery; use thermal cutting and welding equipment; use access equipment; use computer numerical controlled (CNC) equipment					
INTERPRET PLANS, DRAWINGS AND SPECIFICATIONS Interpret blueprints and structural steel drawings					
PERFORM QUALITY CONTROL  Perform inspection; verify structural measurements, welds and layout; track structural materials, consumables and parts for traceability; apply principles of metallurgy; control distortion					
HANDLE MATERIALS  Organize specialty materials and products; calculate mass for structural steel; apply rigging practices; operate material handling equipment					
PERFORM TRADE MATH AND LAYOUT  Perform line development; calculate bending allowances and stretch outs; calculate diagonals, volume, mass and capacity					
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 (10)					
FORM MATERIALS  Form material using plate rolls, shape rolls, brake press and computer numerical controlled (CNC) brake press; fabricate plate					
FABRICATE COMPONENTS  Construct sub-components, and templates and jigs; determine proper sequence for assembly and welding; assemble sub-components and components; set fabricated component in place; fabricate structural components					
PERFORM WELDING ACTIVITIES  Apply weld symbols; use welding processes					
COMPLETE PROJECT  Determine finishing process; prepare material for finishing					
	ded is accurate. (Note: Collection and protection of Information and Protection of Privacy		m is in		
Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YY	YY)		
Enter the applicant name (repeat on ever	y page of this form)				



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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 Emp	loyee		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) that refe	erence can comn	nunicate:	(Check all that apply)
			☐ Engl	ish			Other (specify):
Organization/Business Name:					Position/Tit	tle:	
Phone Number:					Email Addre	ess:	
2. Reference							
Relationship to Applicant:		Former Emp	loyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:				rence can comn	nunicate:	(Check all that apply)
			☐ Engl	ish			Other (specify):
Organization/Business Name:					Position/Tit	tle:	
Phone Number:					Email Addre	ess:	
3. Reference					1		
Relationship to Applicant:		Former Emp	loyee		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) that refe	rence can comn	nunicate:	(Check all that apply)
			☐ Engl	ish			Other (specify):
Organization/Business Name:					Position/Tit	tle:	
Phone Number:					Email Addre	ess:	
Enter the applicant name (rep	oeat o	on every page	e of this for	m)			
Legal First Name:			Legal Midd		•		Legal Last Name:
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