

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.

"Oil Heat System Technician" means a person who installs repairs and maintains all types of oil fired domestic and commercial equipment or components.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of 9,600 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 **Plumbing and Heating Technician MT #304/ MT #646, QL5 or higher** will be eligible to challenge this certification by submitting an <u>Exam Application Form</u> along with a copy of the certificate.

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/Busin	Business I only)	usiness Registration Number: (Self-Employment nly)		
Business Address (Street Name/Number	er, 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):		Total Number Hours of Oil Heat System Technician Experience Accumulated in Period:		
From:	То:			
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 sig	ned.				
If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed wor you have taken to try to obtain it.	rk experience, indic	cate the steps				
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.						
period indicated in Section B.						
period indicated in Section B. JOB TASKS (15)		RATION PONSE				
		RATION				
JOB TASKS (15)		RATION				
JOB TASKS (15) Occupational Skills Uses tools and equipment Organizes work	RESP	RATION ONSE				
JOB TASKS (15) Occupational Skills Uses tools and equipment Organizes work Fuel Supply and Storage Systems	RESP	RATION PONSE				
JOB TASKS (15) Occupational Skills Uses tools and equipment Organizes work Fuel Supply and Storage Systems Installs fuel storage tanks	RESP	RATION PONSE				
JOB TASKS (15) Occupational Skills Uses tools and equipment Organizes work Fuel Supply and Storage Systems	RESP Yes Yes	RATION ONSE				
JOB TASKS (15) Occupational Skills Uses tools and equipment Organizes work Fuel Supply and Storage Systems Installs fuel storage tanks Installs fuel supply system Oil Fired Heating Systems	Yes Yes Yes	RATION ONSE No No				
JOB TASKS (15) Occupational Skills Uses tools and equipment Organizes work Fuel Supply and Storage Systems Installs fuel storage tanks Installs fuel supply system	Yes Yes Yes	RATION ONSE No No				
JOB TASKS (15) Occupational Skills Uses tools and equipment Organizes work Fuel Supply and Storage Systems Installs fuel storage tanks Installs fuel supply system Oil Fired Heating Systems	RESP Yes Yes Yes Yes Yes	RATION PONSE No No No No				
JOB TASKS (15) Occupational Skills Uses tools and equipment Organizes work Fuel Supply and Storage Systems Installs fuel storage tanks Installs fuel supply system Oil Fired Heating Systems Installs and retrofits oil-fired and wood/oil appliances and components	Yes Yes Yes Yes Yes Yes	RATION ONSE No No No No				
Occupational Skills Uses tools and equipment Organizes work Fuel Supply and Storage Systems Installs fuel storage tanks Installs fuel supply system Oil Fired Heating Systems Installs and retrofits oil-fired and wood/oil appliances and components Installs forced air heating systems	Yes Yes	RATION ONSE No No No No No				



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		DECLARATION RESPONSE		
Venting, Combustion Air And M	ake-Up Air			
Installs venting systems	☐ Yes	☐ No		
Installs equipment and componen	☐ Yes	☐ No		
Electrical/Electronic Systems				
Installs electrical and electronic s	☐ Yes	☐ No		
Tests electrical and electronic syst	☐ Yes	☐ No		
Maintenance, Repair and Remo	val			
Maintains oil-fired heating system	ns and components	☐ Yes	☐ No	
Diagnoses oil-fired heating systen	ns and components	☐ Yes	□ No	
Repairs oil-fired heating systems a	and components	Yes	☐ No	
Removes appliances and compon	☐ Yes	□ No		
	d is true and accurate. (Note: Collection and protection of per	sonal information o	on this form is in	
accordance with the provisions of the Freed	lom 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	e of this form			
I hereby certify, that to the best of my kraccurate.	Applicant's Init	tials:		



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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	:		Language(s) th	at ref	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
2. 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	:		Language(s) th	at ref	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
3. 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	:		Language(s) th	at ref	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
			U. i				
Enter the applicant's initials of				1	ian I and 222	. 1. 1	Applicate 41 - 10:44:-1-
I hereby certify, that to the baccurate.	est	oi my knowle	eage, the info	rmat	ion i am providing	j is t	true and Applicant's Initials: