

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

Legal Last Name:

customer service @skilled trades bc.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 9,450 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 **Certificate of Qualification (CofQ)** in **Steamfitter/Pipefitter** or **Sprinkler Fitter** will be eligible to challenge this certification by documenting **4,950 hours** of directly related work experience.

Holders of a military certificate in Plumbing and Heating Technician MT #304 / MT #646, QL5 or higher will be eligible to challenge this certification.

Legal Middle Name(s):

A. Applicant Name

Legal First Name:

B. Self-Employmen	nt or Employment Inform	ation of Applic	ant		
Enter the contact information Declaration.	for your own business if you are se	lf-employed or your	previous employer who	o will not complete an Employer	
Name of Organization/Employe	r/Business:		Business Registration Number: (Self-Employment only)		
Mailing Address:			City:		
Province/ State:	Country:		Postal Co	ode/ Zip Code:	
Business Phone Number:	Email Address:		Website:		
	of hours for this period of employment you must separate periods of employment				
Dates of Employment (MM/DD/	YYYY):	Total Number	r Hours of Plumber Expe	rience Accumulated in that Period:	
From:					
Job Title of Applicant:			_		
Enter the applicant name (rep	peat on every page of this form)				
Legal First Name:	Legal Middle Name	e(s):	Legal Last Na	me:	



C.

Reason for Statutory Declaration

PLUMBER

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Indica	Indicate why a Statutory Declaration is required for this period of employment:							
	☐ Applicant was self-employed ☐ Employer will/can not complete Employer Declaration							
Applio	ants must attempt to contact current or	previous employer	rs to request an Employer Dec	claration filled out and signed.				
	have been unable to obtain an Employe ave taken to try to obtain it. If sufficien				ate the s	teps		
D.	Statutory Declaration of Job	Task Perform	ance					
	cking "Yes" or "No" in the Declaration I indicated in Section B.	Response column, i	ndicate whether you have per	rformed the job tasks listed belo	ow during	g the		
Job T	asks (71)				Declar Resp			
PERF	ORM SAFETY-RELATED FUNCTIONS Maintains safe work environment				Yes: No:			
	Use personal protective equipment	(PPE) and safety eq	uipment		Yes: No:			
Perform lock-out and tag-out procedures					Yes: No:			
	Practice fire prevention				Yes: No:			
USE TOOLS AND EQUIPMENT Use common tools and equipment					Yes: No:			
Use access equipment					Yes: No:			
Use rigging, hoisting, lifting and positioning equipment					Yes: No:			
Enter	the applicant name (repeat on every pag	ge of this form)						
	irst Name:	Legal Middle Name	o(e)·	Logal Last Name				
Legai r	irst Name:	Legai Middle Naille	(3).	Legal Last Name:				



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Job Tasks (71)				Declar Resp		
Rig loads for cranes				Yes: No:		
Use soldering and brazing equipment						
Use oxy-fuel cutting equipment						
Use welding equipment				Yes: No:		
Use technical instruments and tester	rs			Yes: No:		
PERFORM ROUTINE TRADE ACTIVITIES				Yes:		
Use mathematics and science				No:		
Interpret drawings and specification	s			Yes: No:		
Use codes, regulations and standards						
Use manufacturer's documentation						
Perform piping system layout						
PREPARE PIPING AND COMPONENTS				Yes:		
Prepare pipe				No:		
Join tube, tubing and pipe						
Install pipe and fittings						
Install valves						
Penetrate structures						
INSTALL PLUMBING FIXTURES AND APPLIANCES Install fixtures						
Enter the applicant name (repeat on every page of this form)						
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Job Tasks (71)				Declar Resp		
Install appliances				Yes: No:		
Commission fixtures and appliances				Yes: No:		
Service fixtures and appliances						
USE COMMUNICATION TECHNIQUES				Yes:		
Use communication techniques and	mentoring techniques			No:		
INSTALL SEWERS AND SEWAGE TREATME	NT SYSTEMS			Yes:		
Install piping for sewers				No:		
Install manholes and catch basins				Yes: No:		
Test and service manholes, catch basins and piping for sewers						
Install sewage treatment system components						
Test and service sewage treatment system components						
INSTALL DRAINAGE, WASTE AND VENT (I	DWV) SYSTEMS			Yes:		
Install sanitary drainage systems						
Install storm drainage systems						
Test and service sanitary and storm of	lrainage systems			Yes: No:		
INSTALL WATER SERVICES AND DISTRIBU	TTION SYSTEMS			Yes:		
Install water services				No:		
Install potable water distribution systems						
Test and service water service piping and distribution systems						
Commission water service and distribution systems						
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 (71)			Declar Respo	
INSTALL CROSS CONNECTION CONTROL	L DEVICES AND ASSEMBLIES		Yes:	
Install and test cross connection co	ontrol devices and assemblies		No:	
Service cross connection controls a	and assemblies		Yes: No:	
INSTALL PRESSURE SYSTEMS			Yes:	
Install piping for pressure systems			No:	
Install equipment for pressure syst	ems		Yes: No:	
Test and service pressure systems			Yes: No:	
Commission pressure systems			Yes: No:	
INSTALL HYDRONIC SYSTEMS			Yes:	
Interpret heating and cooling syste	ms		No:	
Install piping and components for	hydronic systems		Yes: No:	
Install hydronic heating and coolin	g systems		Yes: No:	
Install hydronic transfer units			Yes: No:	
Install hydronic system controls			Yes: No:	
Test and service hydronic systems,	components and controls		Yes: No:	
Commission hydronic systems, components and controls				
INSTALL WATER TREATMENT EQUIPME	NT		Yes:	
Install and service water treatment equipment				
Test and commission water treatment equipment			Yes: No:	
Enter the applicant name (repeat on every pa	age of this form) Legal Middle Name(s):	Legal Last Name:		



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Job Tasks (71)				Decla: Resp		
INSTALL SPECIALIZED SYSTEMS				Yes:		
Install piping for specialized systems	3			No:		
Install equipment and components for specialized systems						
Test and service specialized systems				Yes: No:		
Commission specialized systems				Yes: No:		
APPLY ELECTRICAL CONCEPTS				Voc		
Use the principles of electricity, use Code (CEC)	electrical wiring diagrams and sche	matics; interp	ret the Canadian Electrical	Yes: No:		
Apply single phase motor theory				Yes: No:		
Apply three phase motor theory						
Apply wiring practices						
PLAN GAS FIRED APPLIANCE SYSTEM INS	TALLATIONS			Yes:		
Size piping and tubing systems						
Select regulators, valves and valve train components						
Select gas-fired appliances						
Select flame safe guards						
Select burners						
INSTALL GAS FIRED SYSTEMS						
Install piping and tubing systems						
Install regulators, valves and valve trains						
Enter the applicant name (repeat on every page of this form)						
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Job Tasks (71)			Declaration Response
Install air supply systems			Yes: No:
Commission fuel/air delivery syste	ems		Yes:
E. Applicant Signature			
I certify that the information I have provided accordance with the provisions of the Freedo	is accurate. (Note: Collection and protection om of Information and Protection of Privacy A	of personal information on this fo ct.)	rm is in
Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/Y	YYY)
	1	1	
Enter the applicant name (repeat on every pa	age 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) th	nat ref	erence can commun	nicate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
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:		Language(s) th	nat ref	erence can commun	nicate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
3. Reference							
Relationship to Applicant:		Former Empl	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) th	nat ref	erence can commun	nicate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
Enter the applicant name (rep	oeat o	on every page	of this form)				
Legal First Name:			Legal Middle Na	ame(s):		Legal Last Name: