PLUMBER

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.

"Plumbers" install, repair and maintain plumbing fixtures and systems such as water, hydronic, drain, waste and vent (DWV), low pressure steam, chemical and irrigation. They also install specialized systems such as medical gas, process piping, compressed air, water conditioners, fuel piping, sewage and water treatment, and storage and flow equipment. Plumbers interpret drawings, refer to layouts of existing services, and review applicable codes and specifications to determine work details and procedures. They locate and mark positions for fixtures, pipe connections and sleeves, and cut openings to accommodate pipe and fittings.

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 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 Exam Application Form 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/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 **Plumber** 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 (71)	DECLARATION RESPONSE	
Performs Safety-Related Functions		
Maintains safe work environment	☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Performs lock-out and tag-out procedures	☐ Yes	☐ No
Practices fire prevention	☐ Yes	☐ No
Uses Tools And Equipment		
Uses common tools and 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 (71)	DECLARATION RESPONSE	
Uses rigging, hoisting, lifting and positioning equipment	☐ Yes	☐ No
Rigs loads for cranes	☐ Yes	☐ No
Uses soldering and brazing equipment	☐ Yes	☐ No
Uses oxy-fuel cutting equipment	☐ Yes	☐ No
Uses welding equipment	☐ Yes	☐ No
Uses technical instruments and testers	☐ Yes	☐ No
Performs Routine Trade Activities		
Uses mathematics and science	☐ Yes	☐ No
Interprets drawings and specifications	☐ Yes	☐ No
Uses codes, regulations and standards	☐ Yes	☐ No
Uses manufacturer's documentation	☐ Yes	☐ No
Performs piping system layout	☐ Yes	☐ No
Prepares Piping And Components		
Prepares pipe	☐ Yes	☐ No
Joins tube, tubing and pipe	☐ Yes	☐ No
Installs pipe and fittings	☐ Yes	☐ No
Installs valves	☐ Yes	☐ No
Penetrates structures	☐ Yes	☐ No
Installs Plumbing Fixtures And Appliances		
Installs fixtures	☐ Yes	☐ No
Installs appliances	☐ Yes	☐ No
Commissions fixtures and appliances	☐ Yes	☐ No
Services fixtures and appliances	☐ Yes	☐ No
Uses Communication Techniques		
Uses communication techniques and mentoring techniques	☐ Yes	☐ No

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JOB TASKS (71)	DECLARATION RESPONSE	
Installs Sewers And Sewage Treatment Systems		
Installs piping for sewers	☐ Yes	☐ No
Installs manholes and catch basins	☐ Yes	☐ No
Tests and services manholes, catch basins and piping for sewers	☐ Yes	☐ No
Installs sewage treatment system components	☐ Yes	☐ No
Tests and services sewage treatment system components	☐ Yes	☐ No
Installs Drainage, Waste And Vent (Dwv) Systems		
Installs sanitary drainage systems	☐ Yes	☐ No
Installs storm drainage systems	☐ Yes	☐ No
Tests and services sanitary and storm drainage systems	☐ Yes	☐ No
Installs Water Services And Distribution Systems		
Installs water services	☐ Yes	☐ No
Installs potable water distribution systems	☐ Yes	☐ No
Tests and services water service piping and distribution systems	☐ Yes	☐ No
Commissions water service and distribution systems	☐ Yes	☐ No
Installs Cross Connection Control Devices And Assemblies		
Installs and tests cross connection control devices and assemblies	☐ Yes	☐ No
Services cross connection controls and assemblies	☐ Yes	☐ No
Installs Pressure Systems		
Installs piping for pressure systems	☐ Yes	☐ No
Installs equipment for pressure systems	☐ Yes	☐ No
Tests and services pressure systems	☐ Yes	☐ No
Commissions pressure systems	☐ Yes	☐ No
Installs Hydronic Systems		
Interprets heating and cooling systems	☐ Yes	☐ No

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JOB TASKS (71)	DECLARATION RESPONSE	
Installs piping and components for hydronic systems	☐ Yes	☐ No
Installs hydronic heating and cooling systems	☐ Yes	☐ No
Installs hydronic transfer units	☐ Yes	☐ No
Installs hydronic system controls	☐ Yes	☐ No
Tests and services hydronic systems, components and controls	☐ Yes	☐ No
Commissions hydronic systems, components and controls	☐ Yes	☐ No
Installs Water Treatment Equipment		
Installs and services water treatment equipment	☐ Yes	☐ No
Tests and commissions water treatment equipment	☐ Yes	☐ No
Installs Specialized Systems		
Installs piping for specialized systems	☐ Yes	☐ No
Installs equipment and components for specialized systems	☐ Yes	☐ No
Tests and services specialized systems	☐ Yes	☐ No
Commissions specialized systems	☐ Yes	☐ No
Applies Electrical Concepts		
Uses the principles of electricity, uses electrical wiring diagrams and schematics; interprets the Canadian Electrical Code (CEC)	☐ Yes	☐ No
Applies single phase motor theory	☐ Yes	☐ No
Applies three phase motor theory	☐ Yes	☐ No
Applies wiring practices	☐ Yes	☐ No
Plans Gas Fired Appliance System Installations		
Sizes piping and tubing systems	☐ Yes	☐ No
Selects regulators, valves and valve train components	☐ Yes	☐ No
Selects gas-fired appliances	☐ Yes	☐ No
Selects flame safe guards	☐ Yes	☐ No

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JOB TASKS (71)	DECLARATION RESPONSE	
Selects burners	☐ Yes	☐ No
Installs Gas Fired Systems		
Installs piping and tubing systems	☐ Yes	☐ No
Installs regulators, valves and valve trains	☐ Yes	☐ No
Installs air supply systems	☐ Yes	☐ No
Commissions fuel/air delivery systems	☐ 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)

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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:	
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