SPRINKLER 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.

"Sprinkler Fitters" lay out, install, repair, modify, inspect, test and maintain fire protection systems in a variety of buildings and settings. They work on fire protection systems such as wet, dry, water mist, pre-action, foam, deluge, standpipe, clean agent, carbon dioxide, hybrid, antifreeze, and wet and dry chemical fire suppression system. Their duties include reading and interpreting engineered drawings, installing hangers and clamps to support the piping system, preparing the pipe, joining pipe using a variety of methods and installing associated equipment.

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 **9,720 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** with **Inter-Provincial Red Seal Endorsement in Plumber or Steamfitter / Pipefitter** will be eligible to challenge this certification by documenting **4,950 hours** of directly related work experience.

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 **Sprinkler Fitter** Experience Accumulated in Period:
Job Title of Applicant:	

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

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 (40)	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
Uses fire extinguishers	☐ Yes	☐ No
Uses Tools And Equipment		
Uses common tools and equipment	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ No
Uses rigging, hoisting, lifting and positioning equipment	☐ Yes	☐ No
Uses soldering and brazing 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:

SKILLED TRADES BC

SPRINKLER 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

JOB TASKS (40)	DECLARATION RESPONSE	
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
Installs Piping And Components		
Prepares pipe and tubing	☐ Yes	☐ No
Joins tube, tubing and pipe	☐ Yes	☐ No
Installs pipe and tubing	☐ Yes	☐ No
Installs valves	☐ Yes	☐ No
Installs fittings	☐ Yes	☐ No
Installs piping components	☐ Yes	☐ No
Installs Water-Based Systems		
Installs wet pipe systems	☐ Yes	☐ No
Installs dry pipe systems	☐ Yes	☐ No
Installs antifreeze systems	☐ Yes	☐ No
Installs preaction/deluge systems	☐ Yes	☐ No
Installs standpipe systems	☐ Yes	☐ No
Installs foam systems	☐ Yes	☐ No
Installs water mist and hybrid systems	☐ Yes	☐ No
Uses Communication Techniques		
Uses communication and mentoring techniques	☐ Yes	☐ No
Installs Water Supply		
Installs underground water supply	☐ Yes	☐ No
Installs fire department connections	☐ Yes	☐ No
Installs fire pumps units	☐ Yes	☐ No
Installs private water systems	☐ 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:

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

JOB TASKS (40)	DECLARATION RESPONSE	
Installs and tests cross connection control components	☐ Yes	☐ No
Installs Fire Suppression Systems And Devices		
Installs detection systems and devices	☐ Yes	☐ No
Installs alarm-initiating devices	☐ Yes	☐ No
Installs dry and wet chemical, cleans agent and carbon dioxide systems	☐ Yes	☐ No
Installs portable extinguishers	☐ Yes	☐ No
Installs spark detection systems	☐ Yes	☐ No
Commissions And Maintains Systems		
Commissions systems	☐ Yes	☐ No
Inspects and tests fire protection systems	☐ Yes	☐ No
Maintains and repairs fire protection 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)

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:

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

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 ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ 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 ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ 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 ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ 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: