

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.

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		siness Re	gistration Number: (Self-Employment only)	
Mailing Address:				City:
Province/ State:	Country:			Postal Code/ Zip Code:
Business Phone Number: ( )	Email Address:	Wel	ebsite:	

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.

		Total Number Hours of <b>Sprinkler Fitter</b> Experience Accumulated in th Period:		
From:	To:			
Job Title of Applicant:				

Legal First Name:	Legal Middle Name(s):	Legal Last Name:



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### C. Reason for Statutory Declaration

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

Applicant was self-emp	ploved	Employ	yer will/car	n not com	plete Emi	olov	ver Decla	aration
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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. If sufficient evidence of steps taken is not provided, the application may not be approved.

### 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	
PERFORM SAFETY-RELATED FUNCTIONS Maintains safe work environment	Yes: No:		
Use personal protective equipment (PPE) and safety equipment	Yes: No:		
Perform lock-out and tag-out procedures	Yes: No:		
Use fire extinguishers	Yes: No:		
USE TOOLS AND EQUIPMENT Use common tools and equipment	Yes: No:		

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Job Tasks (40)	Declar Respo	
Use access equipment	Yes: No:	
Use rigging, hoisting, lifting and positioning equipment	Yes: No:	
Use soldering and brazing equipment	Yes: No:	
PERFORM ROUTINE TRADE ACTIVITIES	Yes:	
Use mathematics and science	No:	
Interpret drawings and specifications	Yes: No:	
Use codes, regulations and standards	Yes: No:	
Use manufacturer's documentation	Yes: No:	
Perform piping system layout	Yes: No:	
INSTALL PIPING AND COMPONENTS	Yes:	
Prepare pipe and tubing	No:	
Join tube, tubing and pipe	Yes: No:	
Install pipe and tubing	Yes: No:	
Install valves	Yes: No:	
Install fittings	Yes: No:	
Install piping components	Yes: No:	
INSTALL WATER-BASED SYSTEMS	Yes:	
Install wet pipe systems	No:	
Install dry pipe systems	Yes: No:	

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# SPRINKLER FITTER STATUTORY DECLARATION

### OF WORK EXPERIENCE

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Job Tasks (40)		aration ponse
Install antifreeze systems	Yes: No:	
Install preaction/deluge systems	Yes: No:	
Install standpipe systems	Yes: No:	
Install foam systems	Yes: No:	
Install water mist and hybrid systems	Yes: No:	
USE COMMUNICATION TECHNIQUES Use communication and mentoring techniques	Yes: No:	
INSTALL WATER SUPPLY Install underground water supply	Yes: No:	
Install fire department connections	Yes: No:	
Install fire pumps units	Yes: No:	
Install private water systems	Yes: No:	
Install and test cross connection control components	Yes: No:	
INSTALL FIRE SUPPRESSION SYSTEMS AND DEVICES	Yes:	
Install detection systems and devices	No:	
Install alarm-initiating devices	Yes: No:	
Install dry and wet chemical, clean agent and carbon dioxide systems	Yes: No:	
Install portable extinguishers	Yes: No:	
Install spark detection systems	Yes: No:	

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Job Tasks (40)	Declaration Response	
COMMISSION AND MAINTAIN SYSTEMS	Yes:	
Commission systems	No:	
Inspect and test fire protection systems	Yes:	
	No:	
Maintain and repair fire protection systems	Yes:	
	No:	

### E. Applicant Signature

I certify that the information I have provided is 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)

Legal First Name:	Legal Middle Name(s):	Legal Last Name:		



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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	e:		Language(s) th	at ref	erence can commun	icate:	(Check all that apply)
			English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		

#### 2. Reference

Relationship to Applicant:		Former Empl Co-worker	oyee		Contractor Client		Supplier Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	nat rei	ference can commun	icate:	(Check all that apply) Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		

#### 3. Reference

Relationship to Applicant:		Former Empl Co-worker	oyee		Contractor Client		Supplier Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) t	hat ref	erence can communio	cate:	(Check all that apply)
			English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		

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