



WELDER STATUTORY DECLARATION OF WORK EXPERIENCE

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.

“Welder” means a person who has training in and is capable of welding ferrous and non-ferrous metals in all positions, on both plate and/or pipe, using various welding processes.

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

- worked a minimum of **6,930 hours** in the industry performing work directly related to this occupation
- experience performing at least **8 of the 11 welding procedures (4 of which are mandatory)** listed in Section D of this form.

Holders of a Canadian military certificate in **Material Technician** MT #134 / MT #441, QL5 or higher will be eligible to challenge the Welder Inter-Provincial Red Seal examination by submitting an [Exam Application Form](#) along with a copy of the certificate.

To obtain a SkilledTradesBC certification in this trade via challenge requires successful completion of the following two exams:

1. Welder Interprovincial Red Seal exam, which will be administered by SkilledTradesBC, and
2. Welder Practical exam, which will be administered by the nearest welding college or testing institution on behalf of SkilledTradesBC.

Note: Scheduling and payment for the practical exam must be arranged through the welding college or testing institution. Further information on the practical exam locations will be provided once your application is approved.

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 Welder Experience Accumulated in Period:
Job Title of Applicant:	

WELDER
**STATUTORY DECLARATION
OF WORK EXPERIENCE**

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 welding procedures listed below during the period indicated in Section B.

MANDATORY WELDING PROCEDURES – must have performed all 4 procedures in this section	DECLARATION RESPONSE	
Shielded Metal Arc Welding (SMAW):		
Fillet weld - all positions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Groove weld open root - all positions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cutting and gouging:		
Oxy-fuel cutting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gouging	<input type="checkbox"/> Yes	<input type="checkbox"/> 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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**WELDER
STATUTORY DECLARATION
OF WORK EXPERIENCE**

ADDITIONAL WELDING PROCEDURES – must have performed a minimum of 4 of the 7 procedures in this section	DECLARATION RESPONSE	
Gas Metal Arc Welding (GMAW):		
Groove weld with backing – flat (1G) position	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Groove weld open root – flat (1G) position	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fillet weld - all positions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flux Cored Arc Welding (FCAW):		
Fillet weld – all positions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Groove weld – vertical position	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas Tungsten Arc Welding (GTAW):		
Fillet weld - all positions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Groove weld open root - all positions	<input type="checkbox"/> Yes	<input type="checkbox"/> 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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Enter the applicant's initials on every page of this form

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WELDER
STATUTORY DECLARATION
OF WORK EXPERIENCE

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:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)	
	<input type="checkbox"/> English	<input type="checkbox"/> 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:
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