

BENCHPERSON

EMPLOYER 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

To qualify to challenge the Benchperson Endorsement or to be granted authority to supervise and sign-off on apprentices in this trade, individuals must:

- Be a certified journeyperson, holding either a Saw Filer Certificate of Qualification or a LMI Circular Sawfiler Certificate of Qualification
- Have worked a minimum of 2,520 hours performing the tasks listed in Section D, and
- Have experience performing at least 70% of the job tasks listed in Section D

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

Note: An Employer Declaration of Work Experience form must be completed by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

A. Applicant Name

Enter the name of the individual for whom this form is being completed.

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

B. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

Name of Organizatio	on/Employer/Business:			
First and Last Name	of Applicant's Direct Supervis	sor:	Supervisor Position or Ti	tle:
Suite Number:	e Number: Street Number and Name:			
City:		Province:		Postal Code:
Business Number:		Mobile Phone Number:		Supervisor E-Mail Address:
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C. Employment Information of Applicant

Dates of Applicant's Employment (MM/		Total Number Hours of Benchperson Experience Accumulated in that Period:
From:	То:	

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:



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Job Title of Applicant:

D. Supervisor Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Bench Person Endorsement

Job Tasks	Declar Resp	
Trade Math	Yes:	
Including: Calculate strain.	No:	
Band Saws	Yes:	
Including: Troubleshooting, leveling and tensioning, proper tension gauge for type of band, bandmill alignment and maintenance.	No:	
Saw Welding	Yes:	
Including: Butt weld saws.	No:	
Shearboards, Scrapers, Cooling Systems and Hydraulics	Yes:	
Including: Hydraulic systems.	No:	
Tension, Level and Bench Saws	Yes:	
Including: Band saw applications, tension requirements, maintenance and repair, heat tension.	No:	
Saw Filing Room Machines	Yes:	
Including: Setup and maintenance of band saw bench, filing room machines and equipment.	No:	
Band Mills	Yes:	
Including: Alignment, maintenance, inspections, grinding of band wheels and crowning of wheels. Alignment of carriage and track. Alignment of infeed and outfeed rolls.	No:	

E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.

I have verified that the applicant has attained all the prerequisite credentials or certification required to be considered eligible to challenge or receive Supervision and Sign-Off Authority in this trade.

Saw Filer BC Certificate of Qualification

Copy of certificate attached

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:

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F. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, 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.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name: