

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

Legal Last Name:

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.

"Benchperson" means a person who is a qualified Saw Filer who is able to bench band saws, including the lining up of head rigs, grinding of band wheels and any other work usually performed by a Benchperson in the Lumber Manufacturing Industry.

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 **2,520 hours** performing the tasks listed in Section D,
- experience performing at least **70%** of the job tasks listed in Section D, and
- hold either Saw Filer Certificate of Qualification or LMI Circular Sawfiler Certificate of Qualification.

Legal Middle Name(s):

A. Applicant Name

Legal First Name:

- •	or Employment Infor			o will not complete an Employer
Name of Organization/Employer/I		Business Registration Number: (Self-Employment only)		
Business Address (Street Name	e/Number, Building/Unit Nu	ımber):	City:	
Province/ State:	Country:		Postal Co	ode/ Zip Code:
Business Phone Number:	Email Address:		Website:	
Enter the dates and number of hemployment on one form, but ye				
Dates of Employment (MM/DD/YY	Total Number l	Total Number Hours of Benchperson Experience Accumulated in Period:		
From: To:				
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							
		med.					
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.						
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B.							
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job	DECLA	ow during the RATION ONSE					
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B.	DECLA	RATION					
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (9)	DECLA	RATION					
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (9) Trade Math	DECLA RESP	RATION PONSE					
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (9) Trade Math Calculate strain	DECLA RESP	RATION PONSE					
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (9) Trade Math Calculate strain Band Saws Troubleshooting, leveling and tensioning, proper tension gauge for type of band, bandmill alignment	DECLA RESP	RATION PONSE					
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (9) Trade Math Calculate strain Band Saws Troubleshooting, leveling and tensioning, proper tension gauge for type of band, bandmill alignment and maintenance	DECLA RESP	RATION PONSE					
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (9) Trade Math Calculate strain Band Saws Troubleshooting, leveling and tensioning, proper tension gauge for type of band, bandmill alignment and maintenance Saw Welding	DECLA RESP	RATION PONSE No					
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (9) Trade Math Calculate strain Band Saws Troubleshooting, leveling and tensioning, proper tension gauge for type of band, bandmill alignment and maintenance Saw Welding Butt weld saws	DECLA RESP	RATION PONSE No					
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (9) Trade Math Calculate strain Band Saws Troubleshooting, leveling and tensioning, proper tension gauge for type of band, bandmill alignment and maintenance Saw Welding Butt weld saws Shearboards, Scrapers, Cooling Systems and Hydraulics	DECLA RESP	RATION PONSE No No No					



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JOB TASKS (9)		DECLARATION RESPONSE	
Tension, Level and Bench Saws			
Band saw applications, tension requirements, maintenance and repair, heat tension	☐ Yes	☐ No	
Saw Filing Room Machines			
Setup and maintenance of band saw bench, filing room machines and equipment	☐ Yes	☐ No	
Band Mills			
Alignment, maintenance, inspections, grinding of band wheels and crowning of wheels	☐ Yes	☐ No	
Alignment of carriage and track	☐ Yes	☐ No	
Alignment of infeed and outfeed rolls	☐ Yes	☐ No	
E. Applicant Signature I certify that the information I have provided is true and accurate. (Note: Collection and protection of per accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)	sonal information o	on this form is in	
Applicant Name (please print): Applicant Signature:	Date: (MM/DD/YYYY)		
	1		

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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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	:		Language(s) that reference can communicate:		nicate:	(Check all that apply)	
			☐ English				Other (specify):
Organization/Business Name:					Position/Title	:	
Phone Number:					Email Address:	:	
2. 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	::		Language(s) th	nat ref	erence can commu	nicate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title	:	
Phone Number:					Email Address:	:	
3. Reference					1		
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: Language(s) that refere			erence can commu	nicate:	(Check all that apply)		
			☐ English				Other (specify):
Organization/Business Name:					Position/Title	:	
Phone Number:					Email Address:	:	
Enter the applicant's initials of	n ev	ery page of th	is form				
I hereby certify, that to the bo	est o	f my knowled	lge, the inforn	natio	n I am providing	is true	e and accurate. Applicant's Initials: