



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.

- 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**.

April 2025

BENCHPERSON 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

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 (9)	DECLARATION RESPONSE	
Trade Math		
Calculate strain	☐ Yes	☐ No
Band Saws		
Troubleshooting, leveling and tensioning, proper tension gauge for type of band, bandmill alignment and maintenance	☐ Yes	☐ No
Saw Welding		
Butt weld saws	☐ Yes	☐ No
Shearboards, Scrapers, Cooling Systems and Hydraulics		
Hydraulic 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:
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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 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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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 ☐ 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: (Check all that apply) ☐ English ☐ Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant: ☐ Former Employee ☐ 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: (Check all that apply) ☐ English ☐ Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant: ☐ Former Employee ☐ 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: (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:
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