

**Applicant Name** 

#### **BENCHPERSON**

## STATUTORY DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service 800 – 8100 Granville Ave. Richmond, BC V6Y 3T6

customerservice@skilledtradesbc.ca

Tel: 778-328-8700 Fax: 778-328-8701 Toll Free: 1-866-660-6011

To qualify to challenge the Benchperson Endorsement, 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 E of this form, and
- Have experience performing at least 70% of the job tasks listed in Section E of this form.

This form is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Applicants that are **not** self-employed must provide an Employer Declaration form from at least one employer who can verify work experience. For more information, see **Instructions for Certification Challenge**.

The information provided on this form is used to assess and to validate your work experience in this trade.

Legal First Name:		Legal Middle Name(s):		Legal Last Name:	
B. Supervisor of	r Self-Employm	ent Contact Inforr	nation		
		or at your previous emplo	yer who is unavailable	to complete an Employer Declaration, or for	
your own business if you	are self-employed.				
Name of Organization/Employer/Business:		Supervisor Name:		Supervisor's Position/Title:	
Suite Number: St	treet Number and Name	<u> </u> e:			
City:		Province:		Postal Code:	
Telephone Number:		Email Address:		Business Registration Number:	
( )				(Self-Employment only)	
C. Employment	or Self-Employ	ment Information	of Applicant		
	- •			bine multiple periods of self-employment on	
one form, but separate pe	eriods of employment	with different employers	s on separate forms.	one manapie periods of sen employment on	
Dates of Employment (MM	/DD /3/3/3/).		Total Number House of	Donahmaraan Europianaa Aagumulatad in that	
Dates of Employment (MM/DD/YYYY):		Period:		f <b>Benchperson</b> Experience Accumulated in that	
From: To:					
Job Title of Applicant:					
job Titic of Applicant.					
Enter the applicant name	e (repeat on every pag	e of this form).			
Legal First Name:		Legal Middle Name(s):		Legal Last Name:	



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D. Reason for Statutory Declaration						
Indicate why a Statutory Declaration is required for this period of employment:						
	Applicant was self-employed		Employer will not complet	e Employer Declaration		
☐ Employer is no longer in business ☐ Employment records are not available						
Applicants must attempt to contact current or previous employers to request an Employer Declaration. 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.						
E. Statutory Declaration of Job Task Performance  By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you have performed the job tasks listed below. Cross out any job tasks you did not perform during the period indicated in Section C.  Bench Person Endorsement						
Ben	ch Person Endorsement					
	ch Person Endorsement				Declar	ration
Ben Job 7					Declar Resp	
Job T	Fasks e Math					
Job T	<b>Tasks</b>				Resp	onse
Job Trad Inclu Banc	Fasks e Math	tensioning, prop	per tension gauge for type o	f band, bandmill	Respo	onse
Trad Inclu Band Inclu align	e Math ding: Calculate strain.  I Saws ding: Troubleshooting, leveling and ment and maintenance.  Welding	tensioning, prop	per tension gauge for type o	f band, bandmill	Yes: No: Yes:	onse
Job Trad Inclu Band Inclu align Saw Inclu	e Math ding: Calculate strain.  I Saws ding: Troubleshooting, leveling and ment and maintenance.  Welding dding: Butt weld saws.			f band, bandmill	Yes: No: Yes: No:	onse
Trad Inclu Band Inclu align Saw Inclu	e Math Iding: Calculate strain.  I Saws Iding: Troubleshooting, leveling and ment and maintenance.  Welding Iding: Butt weld saws.  Shearboards, Scrapers, Cooling Sys			f band, bandmill	Yes: No: Yes: No: Yes: No: Yes: Yes:	onse
Job Trad Inclu Band Inclu Inclu align Saw Inclu Inclu Inclu	e Math Iding: Calculate strain.  I Saws Iding: Troubleshooting, leveling and ment and maintenance.  Welding Iding: Butt weld saws.  Shearboards, Scrapers, Cooling Systems: Hydraulic systems.			f band, bandmill	Yes: No: Yes: No: Yes: No:	onse
Trad Inclu Band Inclu align Saw Inclu Saw Inclu	e Math Iding: Calculate strain.  I Saws Iding: Troubleshooting, leveling and ment and maintenance.  Welding Iding: Butt weld saws.  Shearboards, Scrapers, Cooling Sys	tems and Hydra	nulics		Yes: No: Yes: No: Yes: No: Yes: Yes:	onse
Job Trad Inclu Band Inclu align Saw Inclu Inclu Tens Inclu Saw	e Math Iding: Calculate strain.  I Saws Iding: Troubleshooting, leveling and ment and maintenance.  Welding Iding: Butt weld saws.  Shearboards, Scrapers, Cooling Systems: Hydraulic systems.  Idion, Level and Bench Saws	tems and Hydra	nulics maintenance and repair, h	eat tension.	Yes: No: Yes: No: Yes: No: Yes: No: Yes: Yes: Yes:	onse
Job Trad Inclu Band Inclu align Saw Inclu Tens Inclu Saw Inclu	e Math ding: Calculate strain.  I Saws ding: Troubleshooting, leveling and ment and maintenance.  Welding ding: Butt weld saws.  Shearboards, Scrapers, Cooling Systems: Hydraulic systems.  Jon, Level and Bench Saws ding: Band saw applications, tension  Filing Room Machines ding: Setup and maintenance of band	tems and Hydra n requirements, nd saw bench, fil	nulics maintenance and repair, h	eat tension.	Yes: No: Yes: No: Yes: No: Yes: No: Yes: No: Yes: Yes: Yes:	onse
Job Trad Inclu Band Inclu Band Inclu Saw Inclu Tens Inclu Saw Inclu Enter	e Math Iding: Calculate strain.  I Saws Iding: Troubleshooting, leveling and ment and maintenance.  Welding Iding: Butt weld saws.  Shearboards, Scrapers, Cooling Systeming: Hydraulic systems.  Iding: Band saw applications, tension  Filing Room Machines	tems and Hydra n requirements, nd saw bench, fil	maintenance and repair, h	eat tension.	Yes: No: Yes: No: Yes: No: Yes: No: Yes: No: Yes: Yes: Yes:	onse



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Job Tasks				Declaration Response		
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.						
F. Confirmation of Prerequisite	Credentials or Certificates					
For some trades, evidence that the applicant hat to challenge certification. For those trades, a cu	arrent or previous employer must verify that the					
credentials. Prerequisite credentials for this trace.  I have verified that the applicant has attained al		auired to be a	considered eligible	to challenge.		
Either:		1				
Saw Filer BC Certificate of Qualif	ication	Сору	of certificate attac	ched		
LMI Circular Sawfiler Certificate	of Qualification	Сору	of certificate attac	ched		
G. 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/YY	YY)		
Enter the applicant name (repeat on every page	e of this form).					
Legal First Name:	Legal Middle Name(s):	Legal Last Na	me:			



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#### I. References

References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), former employees (maximum one), contractors, or regular, long-term clients (maximum one).

Each individual listed will be contacted by the Industry Training Organization (ITO) responsible for this trade or SkilledTradesBC to verify the information provided on your application.

1.	Refere	nce
1.	VEIGIG	$\mathbf{H}$

Legal Last Name of Reference:	Le	gal First Name of Reference:		
Organization/Business Name:		Position/Title:		
Business Phone Number:		Reference Cell Number:		
Relationship to Applicant:		Email Address:		
2. Reference	<u>'</u>			
Legal Last Name of Reference:	Le	gal First Name of Reference:		
Organization/Business Name:	Po	osition/Title:		
Business Phone Number:	Re	eference Cell Number:		
Relationship to Applicant:		Email Address:		
3. Reference				
Legal Last Name of Reference:	Le	egal First Name of Reference:		
Organization/Business Name:	Po	osition/Title:		
Business Phone Number:	Re	eference Cell Number:		
Relationship to Applicant:	En	nail Address:		
Enter the applicant name (repeat on every page of this form).				
Legal First Name:	Legal Middle Name(s):	Legal Last Name:		