

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

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.

'Geoexchange drillers' set up and operate mobile equipment used to drill vertical closed-loop borehole heat exchangers to provide a heat source/sink for geoexchange heating and cooling systems. These systems may be developed for residential, commercial, and industrial applications. Geoexchange drillers must have familiarity with the geological formations in the area they are working to enable selection of the most appropriate type of drilling technology. They must have knowledge related to borehole heat exchange principles and have an awareness of the advantages and drawbacks of different borehole completion designs. Geoexchange drillers must have knowledge of hydrogeological principles and be knowledgeable and skilled in practices important for protecting groundwater aquifers.

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

- worked a minimum of **4,860 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

Holders of a **Certificate of Qualification in Water Well Driller or Geotechnical/Environmental Driller** will be eligible to challenge this certification by documenting **960 hours** of directly related work experience.

Holders of a **Certificate of Qualification in Well Pump Installer** will be eligible to challenge this certification by documenting **3,650** hours of directly related work experience.

A. Applicant Name

| Legal First Name: | Legal Middle Name(s): | Legal Middle Name(s): | | Legal Last Name: | |
|---|------------------------------------|-----------------------|--|--|--|
| B. Self-Employment or | Employment Informati | on of Applicar | nt | | |
| Enter the contact information for your Declaration. | our own business if you are self-e | employed or your pro | evious emp | ployer who will not complete an Employer | |
| Name of Organization/Employer/ | Business: | | Business only) | Registration Number: (Self-Employment | |
| Business Address (Street Name/N | Jumber, Building/Unit Number |): | 1 | City: | |
| Province/ State: | Country: | | | Postal Code/ Zip Code: | |
| Business Phone Number: | Email Address: | | Website: | | |
| Enter the dates and number of hou employment on one form, but you | | | | | |
| Dates of Employment (MM/DD/YYYY): From: To: | | | Total Number Hours of Geoexchange Driller Experience Accumulated in Period: | | |

Job Title of Applicant:



GEOEXCHANGE DRILLER

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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 Emplo | yer Declaration | |
| Applicants must attempt to contact current or previous employers to request an Employer Declaration to be | filled out and sig | ned. |
| If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work | experience, indic | ate the steps |
| you have taken to try to obtain it. | | |
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| | | |
| D. Statutory Declaration of Job Task Performance | | |
| D. Statutory Declaration of Job Task Performance By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. | b tasks listed belo | ow during the |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. | | |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo | DECLA | RATION |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) | DECLA | |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) Industry Overview and Professional Work Practices | DECLA RESP | RATION ONSE |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C | DECLA RESP | RATION ONSE |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System | DECLA RESP | RATION ONSE |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C | DECLA RESP | RATION ONSE |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System | DECLARESP Yes Yes | RATION ONSE |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System Describes professional work practices | DECLARESP Yes Yes | RATION ONSE |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System Describes professional work practices Workplace Safety | DECLA RESP Yes Yes Yes Yes | RATION ONSE No No No |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System Describes professional work practices Workplace Safety Describes common safety hazards associated with the trade | DECLARESP Yes Yes Yes Yes | RATION ONSE No No No No |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System Describes professional work practices Workplace Safety Describes common safety hazards associated with the trade Uses safety equipment and procedures when dealing with hazards | DECLARESP Yes Yes Yes Yes Yes | RATION ONSE |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System Describes professional work practices Workplace Safety Describes common safety hazards associated with the trade Uses safety equipment and procedures when dealing with hazards Uses the WHMIS System to practice safe care and control of hazardous products | DECLARESP Yes Yes Yes Yes Yes Yes Yes | RATION ONSE No No No No No No |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System Describes professional work practices Workplace Safety Describes common safety hazards associated with the trade Uses safety equipment and procedures when dealing with hazards Uses the WHMIS System to practice safe care and control of hazardous products | DECLARESP Yes Yes Yes Yes Yes Yes Yes | RATION ONSE No No No No No No |
| By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the jo period indicated in Section B. JOB TASKS (35) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System Describes professional work practices Workplace Safety Describes common safety hazards associated with the trade Uses safety equipment and procedures when dealing with hazards Uses the WHMIS System to practice safe care and control of hazardous products Recognizes and describes hazards to the environment associated with the trade | DECLARESP Yes Yes Yes Yes Yes Yes Yes | RATION ONSE No No No No No No No No |



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| JOB TASKS (35) | DECLARATION RESPONSE | | |
|---|-------------------------|-------|--|
| Recognizes and complies with WorkSafeBC Regulations | ☐ Yes | ☐ No | |
| Recognizes and complies with the B.C. Water Act and the B.C. Groundwater Protection Regulations | ☐ Yes | ☐ No | |
| Works safely on the drilling sites | ☐ Yes | ☐ No | |
| Recognizes and complies with road and traffic regulations | ☐ Yes | ☐ No | |
| States the safety considerations when dealing with gas encounters, utility clearances and sources of contamination. | ☐ Yes | ☐ No | |
| Drilling Methods | | | |
| Describes the different types of well drilling systems applicable to the trade | ☐ Yes | ☐ No | |
| Uses well drilling methods as applicable to the trade | ☐ Yes | ☐ No | |
| Geology | | | |
| Identifies various rock types and the processes that form them | ☐ Yes | ☐ No | |
| Describes various soil types found in B.C | ☐ Yes | ☐ No | |
| Uses proper terminology to describe rock formations as it applies to the trade | ☐ Yes | ☐ No | |
| Ground Water | | | |
| Describes the Hydrologic Cycle (Water Cycle) | ☐ Yes | ☐ No | |
| Uses proper terminology to describe ground water formations | ☐ Yes | ☐ No | |
| Describes different sources of water | ☐ Yes | ☐ No | |
| Artesian Water Flow Prevention | | | |
| Describes the characteristics of artesian water flow | ☐ Yes | ☐ No | |
| Recognizes and prepares for the likelihood of encountering artesian water flow | ☐ Yes | ☐ No | |
| Identifies the potential hazards associated with artesian water flow | ☐ Yes | ☐ No | |
| Describes the measures to contain/close artesian water flow | ☐ Yes | ☐ No | |
| Maps and Other Information Sources | | | |
| Reads and interprets maps that pertain to geology, hydrogeology and location | ☐ Yes | ☐ No | |
| Reads and interprets B.C. Water Atlas online GIS resource | ☐ Yes | ☐ No | |
| Seeks information from the property owner | ☐ Yes | ☐ No | |
| Vertical Closed Loop Borehole Heat Exchanger Construction and Installation | | | |
| Explains the principles of borehole heat exchanger performance | ☐ Yes | ☐ No | |
| Identifies the different types of closed loop geoexchange boreholes | ☐ 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 Ini | ials: | |
| | | | |



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| JOB TASI | DECLARATION RESPONSE | | |
|--|--|-------------------|-------------------|
| Uses specific methods for vertical closed loop geo | pexchange borehole construction | ☐ Yes | ☐ No |
| Uses specific methods for vertical closed loop geo | oexchange borehole pipe installation | ☐ Yes | ☐ No |
| Describes the purpose of sealing, grouting and ce | ementing boreholes | ☐ Yes | ☐ No |
| Uses different types and application of grout for v | ☐ Yes | ☐ No | |
| Hydraulic Systems | | | |
| Explains the principles of operation and compone applicable to the trade | ents of different types of hydraulic systems | ☐ Yes | ☐ No |
| Explains the importance of maintenance schedul | les and required system servicing | ☐ Yes | ☐ No |
| E. Applicant Signature I certify that the information I have provided is true and accordance with the provisions of the Freedom of Information I have provided in the provisions of the Freedom of Information I have provided in the provisions of the Freedom of Information I have provided in the provisions of the Freedom of Information I have provided in the provisions of the Freedom of Information I have provided in the provide | | nal information o | n this form is in |
| accordance with the provisions of the Freedom of finor | mation and Protection of Privacy Act.) | | |
| Applicant Name (please print): | applicant Signature: | Date: (MM/DD/ | YYYY) |

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.

| Relationship to Applicant: | | Former Emplo | oyee | | Contractor | | Supplier |
|----------------------------------|----|--------------|---------------|---------|-------------------|----------|---|
| | | Co-worker | | | Client | | Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify: |
| First and Last Name of Reference | e: | | Language(s) t | hat re | ference can commu | nicate: | (Check all that apply) |
| | | | ☐ English | | | | Other (specify): |
| Organization/Business Name: | | | | | Position/Title | : | |
| Phone Number: | | | | | Email Address | <u>:</u> | |
| 2. Reference | | | | | | | |
| Relationship to Applicant: | | Former Emplo | oyee | | Contractor | | Supplier |
| | | Co-worker | | | Client | | Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify: |
| First and Last Name of Reference | e: | | Language(s) t | hat ref | ference can commu | nicate: | (Check all that apply) |
| | | | ☐ English | | | | Other (specify): |
| Organization/Business Name: | | | | | Position/Title | : | |
| Phone Number: | | | | | Email Address | : | |
| B. Reference | | | | | | | |
| Relationship to Applicant: | | Former Emplo | oyee | | Contractor | | Supplier |
| | | Co-worker | • | | Client | | Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify: |
| First and Last Name of Reference | e: | | Language(s) t | hat ref | ference can commu | nicate: | (Check all that apply) |
| | | | ☐ English | | | | Other (specify): |
| Organization/Business Name: | | | | | Position/Title | : | |
| Phone Number: | | | | | Email Address | : | |
| | | | | | | | |

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