

LOCKSMITH

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.

"Locksmith" means a person who repairs, services and/or installs all types of keys, locks, access/egress control systems (mechanical or electrical), and builders of hardware in accordance with the provisions of the Ministry of Public Safety & Solicitor General, Security Programs Division, Policing & Community Safety Branch, Private Investigators and Security Agencies Act.

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 **5,400 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

A. Applicant Name

egal First Name: Legal Middle Name		l: Leg		gal Last Name:	
B. Self-Employment or Er	mployment Informatio	n of Applican	nt		
Enter the contact information for your Declaration.	own business if you are self-em	ployed or your pre	evious employe	er who will not complete an Employer	
Name of Organization/Employer/Busines	ss:		Business Regist	tration Number: (Self-Employment only)	
Address (Street Name/Number, Build	ling/Unit Number):	l	City	y:	
Province/ State:	Country:		Pos	stal Code/ Zip Code:	
Business Phone Number:	Email Address:		Website:		
Enter the dates and number of hours for employment on one form, but you must					
Dates of Employment (MM/DD/YYYY):		Total Number Ho	ours of Locksm	ith Experience Accumulated in Period:	
From: To:					
Job Title of Applicant:		1			



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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	oyer Declaration	
Applicants must attempt to contact current or previous employers to request an Employer Declaration to be	e filled out and sig	ned.
If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work you have taken to try to obtain it.	experience, indic	cate the steps
 Statutory Declaration of Job Task Performance By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job 	ob tasks listed bel	ow during the
period indicated in Section B. JOB TASKS (32)		RATION PONSE
period indicated in Section B.		RATION
period indicated in Section B. JOB TASKS (32)		RATION
JOB TASKS (32) Uses Safe Work practices	RESP	RATION
JOB TASKS (32) Uses Safe Work practices Demonstrates workplace safety	RESP	RATION ONSE
JOB TASKS (32) Uses Safe Work practices Demonstrates workplace safety Uses WHMIS	RESP Yes Yes	RATION ONSE
JOB TASKS (32) Uses Safe Work practices Demonstrates workplace safety Uses WHMIS Practices Fire Prevention	RESP Yes Yes	RATION ONSE
JOB TASKS (32) Uses Safe Work practices Demonstrates workplace safety Uses WHMIS Practices Fire Prevention Organizes Work	RESP Yes Yes Yes Yes	RATION ONSE No No No
Uses Safe Work practices Demonstrates workplace safety Uses WHMIS Practices Fire Prevention Organizes Work Explains the locksmith trade	RESP Yes Yes Yes Yes	RATION ONSE No No No
JOB TASKS (32) Uses Safe Work practices Demonstrates workplace safety Uses WHMIS Practices Fire Prevention Organizes Work Explains the locksmith trade Interprets blueprints	resp Yes Yes Yes Yes Yes Yes	RATION ONSE No No No No
Uses Safe Work practices Demonstrates workplace safety Uses WHMIS Practices Fire Prevention Organizes Work Explains the locksmith trade Interprets blueprints Applies codes and regulations	resp Yes Yes Yes Yes Yes Yes Yes	RATION ONSE No No No No No
JOB TASKS (32) Uses Safe Work practices Demonstrates workplace safety Uses WHMIS Practices Fire Prevention Organizes Work Explains the locksmith trade Interprets blueprints Applies codes and regulations Performs material handling	Yes Yes	RATION ONSE No No No No No No



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JOB TASKS (32)	DECLARATION RESPONSE		
Performs security consultation	☐ Yes	☐ No	
Uses Tools and Equipment			
Uses hand tools	☐ Yes	☐ No	
Uses power tools	☐ Yes	☐ No	
Uses key-cutting equipment	☐ Yes	☐ No	
Can describe welding	☐ Yes	☐ No	
Creates Keys			
Duplicates keys	☐ Yes	☐ No	
Originates keys	☐ Yes	☐ No	
Installs and Services Locks			
Installs, repairs and services locks	☐ Yes	☐ No	
Can open secured entry	☐ Yes	☐ No	
Installs and services high security hardware	☐ Yes	□ No	
Services automotive locks	☐ Yes	☐ No	
Installs and services safes, vaults and safe deposit boxes	☐ Yes	□ No	
Installs Hardware			
Repairs doors and frames	☐ Yes	□ No	
Installs door closers	☐ Yes	□ No	
Installs panic hardware	☐ Yes	☐ No	
Services other hardware	☐ Yes	□ No	
Installs Electrical and Electronic Components and Hardware			
Describes electrical and electronic theory	☐ Yes	☐ No	
Installs access controls	☐ Yes	☐ No	
Repairs and installs electrical and electronic hardware	☐ Yes	☐ No	
Tests and commissions electrical and electronic installations	☐ Yes	☐ No	
Enter the applicant's initials on every page of this form hereby certify, that to the best of my knowledge, the information I am providing is true and Applicant's Initials:			
accurate.	FF50111 0 11111		



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	JOB TASKS (32)		ARATION PONSE
Develops Master Key Systems			
Plans master key systems		☐ Yes	□ No
Generates bitting list and pinning ch	narts	☐ Yes	☐ No
Masters key cylinders	Yes	☐ No	
Maintains accurate records		Yes	☐ No
accordance with the provisions of the Free	led is true and accurate. (Note: Collection and protection of per edom of Information and Protection of Privacy Act.)		
Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/	YYYYY)
Enter the applicant's initials on every page		Applicant's I	tiolo
accurate.	knowledge, the information I am providing is true and	Applicant's Ini	แลเร:



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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	e:		Language(s) th	at ref	erence can communi	cate:	(Check all that apply)
		ļ	☐ 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	e:		Language(s) th	at refe	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
3. Reference							
Relationship to Applicant:		Former Empl	ovee		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) th	at ref	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:			l		Position/Title:		
Phone Number:					Email Address:		
Enter the applicant's initials o	0n Al	every page of	this form				
I hereby certify, that to the laccurate.				rmat	ion I am providinç	g is t	rue and Applicant's Initials: