

MARINE ELECTRICIAN ENDORESMENT

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.

A “Marine Electrician” understands electrical installation and maintenance of electrical equipment in a marine environment and is responsible for the safe operation and distribution of AC and DC electrical power to the various ship systems. Marine electricians apply and install transits, cabling and terminations, interpret marine electrical drawings, interpret and apply marine codes and regulations, use test equipment for troubleshooting ship systems such as main and auxiliary power generation, propulsion, navigational lighting, domestic lighting, hydraulic, pneumatic, communication and alarm, and use maintenance management systems.

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

- **Construction Electrician Certificate of Qualification with Red Seal Endorsement or Industrial Electrician Certificate of Qualification with Red Seal Endorsement,**
- minimum of **2,520 hours** working as a journeyperson in the **Shipbuilding and Repair industry**, and
- experience performing at least **70%** of the competencies listed in Section D of this form.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)	
Business Address (Street Name/Number, Building/Unit Number):			City:
Province/ State:	Country:	Postal Code/ Zip Code:	
Business Phone Number: ()	Email Address:	Website:	

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY):		Total Number Hours of Marine Electrician 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

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 (27)	DECLARATION RESPONSE	
Knowledge of the Marine Industry		
Uses terminology related to ships	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has knowledge of hazards in shipboard and shipyard work environments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses applicable regulations and standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marine Wiring Methods		
Installs marine electrical cables and transits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Terminates cable shielding specific to marine cables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Packs transits and deck tubes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs wireways	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies corrosion protection methods in a marine environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power Generation		
Installs and maintain prime mover controls	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (27)	DECLARATION RESPONSE	
Installs and maintain power generator protective relays	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes main and auxiliary power generation and related controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power Distribution		
Describes shipboard power distribution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and maintain switchboards, motor control centers, power distribution centres and panelboards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes shore power systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and maintains power sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and maintains temporary services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs, maintains and troubleshoots lighting systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shipboard Systems and Controls		
Installs and maintains service marine control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes alarms and monitoring systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes communication systems and marine navigation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and tests batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has knowledge of cathodic protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tests and Troubleshoots		
Follows routine testing and certification requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitors the planer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs insulation testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interprets schematics and wiring diagrams	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Troubleshoots systems using a PLC	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> 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) <input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> 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) <input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> Other (i.e. HR; Bookkeeper; Accountant, Business Partner) please specify:		
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) <input type="checkbox"/> English <input type="checkbox"/> 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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