

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

Legal Last Name:

customerservice@skilledtradesbc.ca

To qualify to challenge the Marine Electrician endorsement, you must:

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

To obtain a SkilledTradesBC endorsement in this trade via challenge requires successful completion of the Marine Electrician Endorsement exam, which will be administered by SkilledTradesBC.

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

Note: An Employer Declaration of Work Experience form must be completed by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge**.

Legal Middle Name(s):

A. Applicant Name

Legal First Name:

Enter the name of the individual for whom this form is being completed.

B. Supervisor or Sel	lf-Employm	ent Contact Info	rmation		
•	formation for the	e Supervisor at your pre		navailable to complete an Employer	
Name of Organization/Employer/Business:		Supervisor Name:		Supervisor's Position/Title:	
Suite Number: Stre	eet Number and	Name:			
City:	City:			Postal Code:	
Telephone Number:		Email Address:		Business Registration Number: (Self-Employment only)	
C. Employment or S	Self-Employ	ment Informatio	n of Applicant		
Dates of Applicant's Employment (MM/DD/Y From: To:		YYYY): Total Number Hours of in that Period:		f Marine Electrical Experience Accumulated	
Job Title of Applicant:					
Enter the applicant name (rep	eat 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 comple	ete Employer Declaration	
	Employer is no longer in business		Employment records are r	not available	
Emp	olicants must attempt to contact current or p ployer Declaration for any portion of your n ufficient evidence of steps taken is not provi	non-self-employed wo	ork experience, indicate the	claration. If you have been unable to obtain an e steps you have taken to try to obtain it. If	
Ente	er the applicant name (repeat on every page	ge of this form)			
Lega	al First Name:	Legal Middle Name	e(s):	Legal Last Name:	



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E. Statutory Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Job Tasks		
Knowledge of the Marine Industry	Yes:	П
Includes: using ship terminology, knowledge of hazards in shipboard and shipyard work environments, using applicable regulations and standards.	No:	
Marine Wiring Methods		
Includes: Installing marine electrical cables and transits, terminating cable shielding specific to marine cables, packing transits and deck tubes, installing wireways, applying corrosion protection methods in a marine environment.	Yes: No:	
Power Generation		
Includes: Installing marine electrical cables and transits, terminating cable shielding specific to marine cables, packing transits and deck tubes, installing wireways, applying corrosion protection methods in a marine environment.	Yes: No:	
Shipboard Systems and Controls		
Includes: installing and maintaining service marine control systems, alarms and monitoring systems, communication systems and marine navigation systems, installing and testing batteries, knowledge of cathodic protection.	Yes: No:	
Testing and Troubleshooting	Yes:	
Includes: following routine testing and certification requirements, monitoring the planer, performing insulation testing, interpreting schematics and wiring diagrams and troubleshooting systems using a PLC.	No:	

Enter the applicant name (repeat on every page of this form)

Legal First Name:	Legal Middle Name(s):	Legal Last Name:



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F. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certificatio. For those trades, a current or previous employer must verify that the applicant has the required prerequisite

credent	1015.			
For this	s endorsement, an applicant must alr	eady be certified as a Construction Electri	cian or an Industi	ial Electrician
I have ve		he prerequisite credentials or certification r	equired to be cons	sidered eligible to challenge in
	Electrician (Construction Electrician) Endorsement	tificate attached		
	OR Industrial Electrician Certificate of Qu	ualification with Red Seal Endorsement	□ Copy of cer	tificate attached
G . <i>I</i>	Applicant Signature			
		s accurate. (Note: Collection and protection n of Information and Protection of Privacy A		nation on this form is in
Supervi	isor name (Please Print):	Supervisor Signature:		Date Signed: (MM/DD/YYYY)
	ne applicant name (repeat on every pag			
Legal Fi	rst Name:	Legal Middle Name(s):	Legal Last N	ame:



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H. 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).

Legal First Name of Reference:

Each individual listed will be contacted by SkilledTradesBC to verify the information provided on your application.

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Legal Last Name of Reference:

Organization/Business Name:		Position/Title:			
Business Phone Number:		Reference Cell Nu	mber:		
Relationship to Applicant:		Email Address:			
2. Reference					
Legal Last Name of Reference:		Legal First Name	Legal First Name of Reference:		
Organization/Business Name:		Position/Title:			
Business Phone Number:		Reference Cell Number:			
Relationship to Applicant:		Email Address:			
3. Reference					
Legal Last Name of Reference:		Legal First Name of Reference:			
Organization/Business Name:		Position/Title:			
Business Phone Number:		Reference Cell Number:			
Relationship to Applicant:		Email Address:			
Enter the applicant name (repeat on e					
Legal First Name:	Legal Middle Name	(s):	Legal Last Name:		
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