

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.

“Petroleum Equipment Installers” install, remove and upgrade fueling systems in the downstream petroleum sector of the oil and gas industry.

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

- worked a minimum of **4,500 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

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)
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): From: To:		Total Number Hours of Petroleum Equipment Installer Experience Accumulated in Period:
Job Title of Applicant:		

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 (33)	DECLARATION RESPONSE	
Applies Safe Work Practices		
Controls workplace hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses personal protective equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies OSH regulations and WorkSafe BC Standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses fire safety practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies first aid practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies WHMIS practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies Task Specific Safety Practices		
Applies confined space awareness training	<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 (33)	DECLARATION RESPONSE	
Applies working at heights training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies TDG training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies mobile equipment training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Tools and Equipment		
Uses hand tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses ladders and platforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses testing equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes Work		
Uses communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies mathematical principles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handles materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interprets drawings and specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses manufacturer and supplier documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plans a project	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains Environmental Standards		
Assesses environmental hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Controls environmental standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs/Removes and Maintains Storage Tanks		
Installs/maintains above ground storage tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes above ground storage tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs/maintains below ground storage tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes below ground storage tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs/Removes and Maintains Fueling and Monitoring Systems		
Removes petroleum piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (33)	DECLARATION RESPONSE	
Installs/maintains petroleum piping and containment systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes tank monitoring and leak detection systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs/Removes and Maintains Pumps and Dispensers		
Installs and removes suction pumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and repairs suction pumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs and removes submersible pumps and dispensers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains and repairs submersible pumps and dispensers	<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)

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:

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; 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:	

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