

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

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 4,500 hours performing the tasks listed in Section E, and
- experience performing at least 70% of the job tasks listed in Section E

A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, Certification Challenge and Supervision and Sign-Off Authority applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience. For more information, see **Instructions for Certification Challenge or Supervision and Sign-off Authority**.

The information provided on this form is used to assess and to validate your work experience in this trade.

A. Applicant Name				
Legal First Name:	Legal Middle Name(s):		Legal Last Name:	
B. Supervisor or Self-Employn Enter the contact information for the Supervis your own business if you are self-employed.			to complete an Employer Declaration, or for	
Name of Organization/Employer/Business:	Supervisor Name:		Supervisor's Position/Title:	
Suite Number: Street Number and Nam	ne:			
City:	Province:		Postal Code:	
Telephone Number:	Email Address:		Business Registration Number: (Self-Employment only)	
C. Employment or Self-Employeent	period of employment or s	elf-employment. Com	bine multiple periods of self-employment on	
Dates of Employment (MM/DD/YYYY): From: To:	Total Number Hours of Accumulated in that Pe		Petroleum Equipment Installer Experience riod:	
Job Title of Applicant:		I		
Enter the applicant name (repeat on every pa	ge of this form).			

Legal Last Name:

Legal First Name:

Legal Middle Name(s):



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

customer service @skilled trades bc.ca

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

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



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

customer service @skilled trades bc.ca

D.	Reason for Statutory Declara	ation			
Indicate why a Statutory Declaration is required for this period of employment:					
	Applicant was self-employed		Employer will not complete Employer Declaration		
	Employer is no longer in business		Employment records are not available		
Emplo	icants must attempt to contact current or p loyer Declaration for any portion of your n cient evidence of steps taken is not provide	non-self-employed	ers to request an Employer Declaration. If you have been unable to obtain and work experience, indicate the steps you have taken to try to obtain it. If a may not be approved.		
	r the applicant name (repeat on every page				
Legal F	First Name:	Legal Middle Name	Legal Last Name:		



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

E. Statutory Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you have performed the job tasks listed below. Cross out any job tasks you did not perform during the period indicated in Section C.

out any job tasks you did not perform during the period indicated in Section C.		
Job Tasks	Declara Respo	
Apply Safe Work Practices		
Includes: control workplace hazards; use personal protective equipment; apply OSH Regulations and WorkSafe BC Standards; use fire safety practices; apply first aid practices, apply WHMIS practices	Yes: No:	
Apply Task Specific Safety Practices	1	
Includes: apply confined space awareness training; apply working at heights training; apply TDG training; apply mobile equipment training	Yes: No:	
Use Tools and Equipment		
Includes: use hand tools; use power tools; use ladders and platforms; use testing equipment	Yes: No:	
Organize Work		
Includes: use communication skills; apply mathematical principles; handle materials; interpret drawings and specifications; use manufacturer and supplier documentation; plan a project	Yes: No:	
Maintain Environmental Standards		
Includes: assess environmental hazards; control environmental standards	Yes: No:	
Install/ Remove and Maintain Storage Tanks		
Includes: install/maintain above ground storage tanks; remove above ground storage tanks; install/maintain below ground storage tanks; remove below ground storage tanks	Yes: No:	
Install/ Remove and Maintain Fueling and Monitoring Systems		
Includes: remove petroleum piping systems; install/maintain petroleum piping and containment systems; describe tank monitoring and leak detection systems	Yes: No:	
Install/ Remove and Maintain Pumps and Dispensers		
Includes: install and remove suction pumps; maintain and repair suction pumps; install and remove submersible pumps and dispensers; maintain and repair submersible pumps and dispensers	Yes: No:	

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 certification or receive Supervision and Sign-Off Authority. For those trades, you must prove you have the required prerequisite credentials.

There are no prerequisite cre	dentials or certificates to	or this trade.
-------------------------------	-----------------------------	----------------

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

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



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

customer service @skilled trades bc.ca

\sim	A	licont	Cianatura
J.	App	meant	Signature

I certify that the information I have provided is accurate. ((Note: Collec	ction and protection	n of personal info	ormation on th	is form is in
accordance with the provisions of the Freedom of Informa	ation and Pro	tection of Privacy A	ct.)		

pplicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
nter the applicant name (repeat on eve	ry page of this form).	
gal First Name:	Legal Middle Name(s):	Legal Last Name:



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

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).

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

1	Da	C		
1.	Re	ıer	${f en}$	ce

Legal Last Name of Reference:	Lo	Legal First Name of Reference:		
Organization/Business Name:		Position/Title:		
Business Phone Number:	Ro	Reference Cell Number:		
Relationship to Applicant:	E	Email Address:		
2. Reference				
Legal Last Name of Reference:	L	egal First Name of Refe	erence:	
Organization/Business Name:	Po	osition/Title:		
Business Phone Number:	R	eference Cell Number:		
Relationship to Applicant:		Email Address:		
3. Reference	,			
Legal Last Name of Reference:		egal First Name of Refe	erence:	
Organization/Business Name:	Pe	osition/Title:		
Business Phone Number:	R	Reference Cell Number:		
Relationship to Applicant:		Email Address:		
Enter the applicant name (repeat on every pa	ge of this form).			
Legal First Name:	Legal Middle Name(s):		Legal Last Name:	