RAILWAY CAR TECHNICIAN

STATUTORY DECLARATION
OF WORK EXPERIENCE

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.

"Railway Car Technician" means a person who inspects, repairs, replaces and reconditions mechanical or structural components and systems of freight cars and passenger coaches. These individuals must have a mechanical aptitude and hands on skills and be able to use many different types of power, pneumatic, and hydraulic tools and equipment. These individuals work for railway companies or rail car repair facilities.

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

- worked a minimum of **6,000 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:

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): From: To:	Total Number Hours of **Railway Car Technician** Experience Accumulated in Period:
Job Title of Applicant:	

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

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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.**

_____

_____

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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 (26)	DECLARATION RESPONSE	
Performs Occupational Skills		
Uses personal protective equipment; maintains safe work environment; paints rail equipment and components	☐ Yes	☐ No
Uses tools, rigging and lifting equipment, welding and cutting equipment	☐ Yes	☐ No
Bends/fits air, water and pneumatic pipes, performs thread cutting, uses fasteners, adhesives, sealants, lubricants, gaskets	☐ Yes	☐ No
Uses computers, communicates with others, plans daily tasks per work assignment	☐ Yes	☐ No
Uses technical documents, interprets regulatory documents	☐ Yes	☐ No
Transports and sets up cranes and hoisting equipment, uses load charts and engineered lift-plans to organize lift and advise crew, operates crane and boom trucks per applicable regulations	☐ Yes	☐ No
Designs/ lays out railcar parts and components for fabrication, verifies fit and finish of fabricated railcar part/component	☐ Yes	☐ No
Diagnoses / Services Underframe Systems		
Diagnoses and services freight-car and passenger-car wheel /axle assemblies	☐ Yes	☐ No
Inspects and/or assembles/disassembles knuckles, yokes, draft gears and associated components	☐ Yes	☐ 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 (26)	DECLARATION RESPONSE	
Reconditions couplers, knuckles, yokes and other equipment	☐ Yes	☐ No
Inspects/services centre-of-car and end-of-car cushion units	☐ Yes	☐ No
Diagnoses/services chassis and chassis components, centre sill, underframe trucks	☐ Yes	☐ No
Diagnoses / Services Brake Systems		
Diagnoses and services air-brake system and components	☐ Yes	☐ No
Services air-brake system consumables	☐ Yes	☐ No
Diagnoses and services hand-brake system and components	☐ Yes	☐ No
Diagnoses / Services Railcar Bodies and Units		
Diagnoses and services freight cars: Gondola-car components; Bulkhead/ flatcar components; Intermodal components; Hopper-car components; Boxcar components; Autorack-car components; Tanker-car components; Caboose components	☐ Yes	☐ No
Diagnoses and services passenger cars: Baggage-car bodies; Domed (park/skyline) – car bodies; Coach-car components; Diner-car components; Sleeper-car components	☐ Yes	☐ No
Diagnoses / Services Climate Control and Plumbing Systems		
Assists in removal, reinstallation and replacement of air conditioning and heating-system components	☐ Yes	☐ No
Diagnoses/services caboose-heater	☐ Yes	☐ No
Diagnoses/services pumps, hoses and related components	☐ Yes	☐ No
Diagnoses/services tanks and related components	☐ Yes	☐ No
Yard Systems		
Sets up and uses rerailers (replacers)	☐ Yes	☐ No
Operates jacks to rerail cars	☐ Yes	☐ No
Operates crane to rerail cars	☐ Yes	☐ No
Operates railcar-movers, switches and derails	☐ Yes	☐ No
Applies Transport Canada specifications re: CCI responsibilities, monitor/report violations per regulatory requirements, participate in Joint Inspection Procedure to identify defects and remedies	☐ Yes	☐ 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:

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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 Employee	❑ Contractor	❑ Supplier
	❑ Co-worker	❑ Client	❑ 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)
	❑ English	❑ Other (specify):

Organization/Business Name:	Position/Title:
Phone Number:	Email Address:

2.   Reference

Relationship to Applicant:	❑ Former Employee	❑ Contractor	❑ Supplier
	❑ Co-worker	❑ Client	❑ 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)
	❑ English	❑ Other (specify):

Organization/Business Name:	Position/Title:
Phone Number:	Email Address:

3.   Reference

Relationship to Applicant:	❑ Former Employee	❑ Contractor	❑ Supplier
	❑ Co-worker	❑ Client	❑ 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)
	❑ English	❑ 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: