SAW FILER

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 or Supervision and Sign-off Authority.

"Saw Filer" means a person who maintains all types of saws, including circular saws, band saws, gang saws, chain saws, and operates, repairs and adjusts saw sharpening equipment and is also competent to bench all circular and gang saws, including tensioning, welding cracks, welding on teeth and included any other work that is usually performed by a Saw Filer in the Lumber Manufacturing Industry.

Optional Endorsement: "Benchperson" means a person who is a qualified Saw Filer who is able to bench band saws, including the lining up of head rigs, grinding of band wheels and any other work usually performed by a Benchperson in the Lumber Manufacturing Industry.

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 **6,300 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 **Saw Filer** Experience Accumulated in Period:
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 (61)	DECLARATION RESPONSE	
Safety		
Describes WorkSafe regulations	☐ Yes	☐ No
Practices safety procedures	☐ Yes	☐ No
Handles saws and knives	☐ Yes	☐ No
Trade Math		
Uses of measuring tools and equipment	☐ Yes	☐ No
Applications of formulas	☐ Yes	☐ No
Saw Basics		
Saw tooth inspection	☐ Yes	☐ No
Swager and swaging	☐ Yes	☐ No
Shaper and shaping	☐ Yes	☐ No
Tooth alignment	☐ 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 (61)	DECLARATION RESPONSE	
Band Saws		
Fits band saw	☐ Yes	☐ No
Sharpens and handles band saw	☐ Yes	☐ No
Determines band saw kerf requirements	☐ Yes	☐ No
Grinds band saw backs	☐ Yes	☐ No
Maintains band saw grinders	☐ Yes	☐ No
Circular Saws		
Inspects saws	☐ Yes	☐ No
Plums & levels	☐ Yes	☐ No
Tensioning for RPM & feed speed	☐ Yes	☐ No
Sharpens of solid tooth, carbide and satellite	☐ Yes	☐ No
PM of grinding equipment	☐ Yes	☐ No
Use of correct grinding wheel	☐ Yes	☐ No
Grinding Wheels		
Safe handling and storage	☐ Yes	☐ No
Operates speed calculation	☐ Yes	☐ No
Shapes and dresses grinding wheels	☐ Yes	☐ No
Mounts grinding wheels	☐ Yes	☐ No
Knives		
Determines knives angles	☐ Yes	☐ No
Sharpens Knives	☐ Yes	☐ No
Performs knife babbitting and balancing	☐ Yes	☐ No
Troubleshoots knives and chippers	☐ Yes	☐ No
Saw Welding		
Uses portable Oxy-Acetylene units	☐ Yes	☐ No
Tool and equipment selection	☐ Yes	☐ No
Adjusts flame types	☐ Yes	☐ No
Performs crack and tooth welding	☐ Yes	☐ No

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JOB TASKS (61)	DECLARATION RESPONSE	
Weld Saws using MIG equipment	☐ Yes	☐ No
Welds saw plate	☐ Yes	☐ No
Saw Chains		
Calculates gauge and pitch	☐ Yes	☐ No
Inspects and repairs	☐ Yes	☐ No
Setups and sharpens	☐ Yes	☐ No
Determines wheel profile	☐ Yes	☐ No
Saw Guides		
Maintains saw guides	☐ Yes	☐ No
Identifies guide types	☐ Yes	☐ No
Shearboards, Scrapers, Cooling Systems and Hydraulics		
Identifies types of shearboards	☐ Yes	☐ No
Maintains shearboards	☐ Yes	☐ No
Identifies types of scrapers	☐ Yes	☐ No
Maintains scrapers	☐ Yes	☐ No
Saw lubricants	☐ Yes	☐ No
Applications and maintenance of lubrication systems	☐ Yes	☐ No
Tension, Level and Bench Saws		
Applications to bandsaws and circular saws	☐ Yes	☐ No
Planning and Organizing Work Activities		
Creates and interprets technical document	☐ Yes	☐ No
Shutdowns procedures	☐ Yes	☐ No
Plans project work	☐ Yes	☐ No
Saw Filing Room Machines		
Setups and maintains circular saw bench	☐ Yes	☐ No
Uses circular saw stretcher	☐ Yes	☐ No
Grinder operation and maintenance	☐ Yes	☐ No

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JOB TASKS (61)	DECLARATION RESPONSE	
Guides equipment maintenance	☐ Yes	☐ No
Circular Saw Machines		
Head rig alignment and maintenance	☐ Yes	☐ No
Optimizes systems	☐ Yes	☐ No
Aligns gang saws and edgers	☐ Yes	☐ No
Align chip canter	☐ Yes	☐ No
Aligns cut-off, trim and slasher saws	☐ Yes	☐ No
Performs laser alignment	☐ Yes	☐ No
Troubleshoots Circular Saw Machines	☐ 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

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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 ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:	
First and Last Name of Reference:	Language(s) that reference can communicate: ☐ English	(Check all that apply) ☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:	
First and Last Name of Reference:	Language(s) that reference can communicate: ☐ English	(Check all that apply) ☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:	
First and Last Name of Reference:	Language(s) that reference can communicate: ☐ English	(Check all that apply) ☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

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