SHIPYARD LABOURER CHALLENGE
CHECKLIST

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

Prepare to Challenge the Assessment

- [ ] **Decide if you have the skills** needed to challenge the assessment:
  - Complete the Self-Assessment
  - Review the Occupational Performance Standards
  - Review the Assessment Information

Gather Your Evidence

- [ ] **Complete** the challenge application form
  - Complete all sections of the form and sign
- [ ] **Gather all portfolio evidence**, including:
  - WHMIS Certificate/Card or WHMIS Employee Training Records
  - Portfolio of Evidence Checklist (page 7)
  - Self-Assessment (page 2)
  - Work Experience Information (must include one of the following for each employer listed):
    - Reference Letter (must include dates/hours worked and job duties)
    - Employer (Third-Party) Declaration
    - Statutory Declaration (self-employment requires 3 references)
    - Record of employment / Payroll records
  - include all the documents, letters and other evidence you need to support your application

Submit Your Application

- [ ] **Submit** to SkilledTradesBC:
  - completed challenge application and evidence
  - a non-refundable application fee of **$120.00** must be paid when your application is submitted
- [ ] **Email**
  customerservice@skilledtradesbc.ca
- [ ] **Mailing Address**
  SkilledTradesBC
  8th Floor – 8100 Granville Avenue
  Richmond B.C. V6Y 3T6

SHIPYARD LABOURER CHALLENGE
SELF ASSESSMENT

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Instructions

Please complete the following **Self-Assessment** to determine whether or not you have the necessary experience to challenge the Shipyard Labourer certification. The assessment process for Shipyard Labourer will cover all of these areas.

Applicant Name (Print):	Applicant Signature:	Date: (MM/DD/YYYY)

Indicate how often you have demonstrated the skills and knowledge in the areas listed below during your experience as a Shipyard Labourer.

	Frequently	Occasionally	Never
Understand, apply and follow marine industry rules and regulations	☐	☐	☐
Apply and follow workplace safety policies and procedures	☐	☐	☐
Apply spill prevention and cleanup procedures	☐	☐	☐
Use and maintain tools and equipment	☐	☐	☐
Clean yard	☐	☐	☐
Deliver materials	☐	☐	☐
Steam clean and pressure wash in designated area	☐	☐	☐
Assist in docking and undocking vessels	☐	☐	☐
Setup for specified work on a vessel	☐	☐	☐
Setup a confined space	☐	☐	☐
Prepare surfaces on a vessel	☐	☐	☐
Perform fire watch duties	☐	☐	☐
Perform confined space sentry (hole watch) duties	☐	☐	☐

APPLICATION

CERTIFICATION CHALLENGE
SHIPYARD LABOURER–ASSESSMENT INFORMATION

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Assessment Information

The assessment process for Shipyard Labourer includes four components:

- a **review of your portfolio** of evidence – this includes verifying all work experience and your mandatory certifications
- a **written test –** approximately 1 hour to complete
- a **technical interview** (professional discussion) – approximately 1 hour to complete
- a **practical assessment** – approximately 1 hour to complete

For more detail on the topics covered in each of the units of competency, visit SkilledTradesBC website www.skilledtradesbc.ca and consult the Occupational Performance Standards for Shipyard Labourer.

Unit Title	Assessment Method			
	Prerequisite / Portfolio	Written Test	Technical Conversation	Practical Assessment
Demonstrate knowledge of the marine industry	✓	✓	✓	
Apply safe work practices	✓	✓	✓	
Apply spill prevention and cleanup procedures		✓	✓	
Use and maintain tools and equipment	✓	✓	✓	✓
Clean yard	✓	✓	✓	✓
Deliver materials	✓	✓	✓	✓
Steam clean or power wash in a designated area	✓	✓	✓	✓
Assist in docking and undocking vessels	✓	✓	✓	✓
Setup for specified work	✓	✓	✓	✓
Setup confined spaces	✓	✓	✓	✓
Prepare vessel surfaces	✓	✓	✓	✓
Perform fire watch duties	✓	✓	✓	✓
Perform confined space sentry (hole watch) duties	✓	✓	✓	✓

SKILLED TRADES BC

APPLICATION

CERTIFICATION CHALLENGE
SHIPYARD LABOURER

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Note: Incomplete applications will not be processed and will be returned to you.

A. Personal Information

Mandatory fields marked with an asterisk (*). All communication from SkilledTradesBC will be sent to the email address provided.

SkilledTradesBC Individual ID # (leave blank for new registration)	*Program (Trade)	
*Legal First Name	Legal Middle Name(s)	*Legal Last Name
*Date of Birth (MM/DD/YYYY)	*Gender ☐ Man ☐ Woman ☐ Non-Binary ☐ Non-disclosed	
*Mailing Address (Street Name/Number, Building/Unit Number)		*City
*Province/State	*Country	*Postal Code
*Phone Number ( )	Secondary Phone Number ( )	*Email Address
Do you identify as an Indigenous person? ☐ Yes ☐ No ☐ Prefer not to answer	If yes, do you identify as First Nations, Métis, or Inuk (Inuit)? Select all that apply. ☐ First Nations ☐ Métis ☐ Inuk (Inuit) ☐ Prefer not to answer	

B. WHMIS Prerequisite Information

WHMIS is a mandatory prerequisite for Shipyard Labourer certification. You must include a photocopy of your WHMIS certificate or WHMIS employee training records as well as the following information for verification.

Date Completed (MM/DD/YYYY):	Issuing Authority:

C. Assessment Details

Is this a re-assessment? ☐ Yes ☐ No If yes, please provide date of last assessment (MM/DD/YYYY):	Please indicate the earliest date you are available to complete this assessment (MM/DD/YYYY):

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D. Employment Summary Information

To qualify to challenge a SkilledTradesBC Certificate as a Shipyard Labourer you must provide documented proof of having worked a minimum of **4,000 hours** of directly related work experience in the scope of Shipyard Labourer skills.

Your employer(s) must verify your total hours of work experience before you are eligible to take an assessment. You can provide proof of your work experience by using original employment letters, records of employment, payroll records, or other evidence in your portfolio.

Name of Organization/Employer(s)	Dates of Employment		Hours Worked
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	
	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	

E. Application Fees

The fee to challenge the SkilledTradesBC Certificate Shipyard Labourer is $120.00 payable to SkilledTradesBC.

Once your application to challenge has been approved you will need to contact Camosun Coastal Center (CCC) to arrange your assessment. CCC will then schedule sessions for approved challengers to complete the assessment process.

Camosun Coastal Center contact information:

Telephone: 778-265-5005
e-mail: traorem@camosun.ca

If approval is granted**, YOUR ASSESSMENT MUST BE COMPLETED WITHIN 24 MONTHS FROM DATE OF APPROVAL. YOUR APPROVAL WILL EXPIRE AFTER 24 MONTHS** and you will have to re-apply as well as pay the current assessment fee.

Note: There may be requirements for upgrading prior to being re-assessed. Contact CCC if you have questions regarding re-assessment eligibility.

SKILLED TRADES BC

APPLICATION

CERTIFICATION CHALLENGE
SHIPYARD LABOURER

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F. Challenge Application Payment

If you are applying to challenge certification, a **non-refundable application fee of $120** must be paid when your application is submitted. If a practical assessment is required to challenge certification in your occupation, additional fees may be charged; further information will be provided when your application is approved. There is no fee to apply for Supervision and Sign-Off Authority.

Payment of Application Fee made by:

- ☐ Credit card payment made online from the Payments & Fees page on the SkilledTradesBC Website
  Attach receipt or write the Transaction number here: _____
  Do not write down your credit card number
- ☐ Cheque or money order (attached)
- ☐ Cash, credit or debit card, paid in person at SkilledTradesBC when application is submitted

G. Signature

Privacy Notice: Your personal information is collected, used, disclosed, and managed in accordance with B.C.'s Freedom of Information and Protection of Privacy Act. The information is used for the purposes of your participation in B.C.'s skilled trades training and apprenticeship system, and where applicable the Interprovincial Red Seal program, including: planning, delivering, researching and evaluating apprenticeship programs; assisting in the promotion of apprenticeship/certification programs; identifying persons for the purpose of financial awards; and, identifying persons for targeted correspondence (e.g., surveys, statistics, consultations) related to their trade(s) or their involvement in apprenticeship training. In addition, your personal information may be shared for the purposes as noted above with other Canadian jurisdictional apprenticeship bodies, your sponsor(s), educational institutions, training providers, regulatory authorities, and municipal, provincial, and federal governments where the information is required for them to fulfill their legal responsibilities or manage apprenticeship-related programs. If you have any questions about the management of your personal information, please contact us by email at privacy@skilledtradesbc.ca or by phone at 1-866-660-6011.

By signing this form, I certify that the information collected on this form is accurate and complete that I have read and understand the Privacy Notice and consent to the collection, use and disclosure of my personal information.

Applicant Name (Print):	Applicant Signature:	Date: (MM/DD/YYYY)

For Office Use Only

Date CCC Received:	Payment Processed: ☐ Yes ☐ No	Individual ID Assigned: ☐ Yes ☐ No Number:	Date sent to SkilledTradesBC:
Date Screened:	Documentation: ☐ Application Form ☐ WHMIS ☐ Portfolio Checklist Work Experience Information: ☐ Employer Letter(s) ☐ Third Party Report(s) ☐ Statutory Declaration(s) ☐ Other	Application Status: ☐ Complete – Assigned to assessor ☐ Incomplete – Follow up needed	Missing Information: Date Missing Information Rec'd
Date Assigned to Assessor:	Assessor Name:	Location:	Approval Status: ☐ Approved for challenge ☐ Not approved for challenge

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SHIPYARD LABOURER
PORTFOLIO OF EVIDENCE CHECKLIST

Applicant Name (Print):	Applicant Signature:	Date: (MM/DD/YYYY)

INSTRUCTIONS:
Use this form to assist you when preparing your portfolio of evidence. You will need to submit this with your application.

CATEGORY	EVIDENCE PROVIDED	YES	NO	NOTES
Prerequisites *(required)*	☐ WHMIS certificate	☐	☐	
Work experience *(required)*	☐ Minimum 4,000 hours of related work experience ***At least one*** of the following must be provided ***for each employer*** listed: ☐ Third party reports ☐ Reference letters (must include dates/hours worked and job duties performed) ☐ Statutory declarations	☐	☐	
Training documents *(optional)*	The following certificates will further support your application: ☐ Confined space training (marine industry) ☐ Lockout procedures training ☐ Fall protection training ☐ Fire watch training ☐ Respirators training (FIT test) ☐ Other _____	☐	☐	
Other *(optional)*	☐ Resume ☐ Other related training records or certificates (fork lift, manlift, lead, asbestos. first aid level 1) ☐ Licenses (driver's, boat) ☐ Other _____	☐	☐	

SHIPYARD LABOURER

EMPLOYER DECLARATION OF WORK EXPERIENCE

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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.

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

- worked a minimum of **4,000 hours** performing the tasks listed in Section D,
- experience performing **70%** of the job tasks listed found in Section D, and Workplace Hazardous Materials Information Systems (WHMIS) **(attach copy of certificate or employee training records**)

A. Applicant Name

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

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

B. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

Name of Organization/Employer/Business:		
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ( )	Website:	
First and Last Name of Applicant's Direct Supervisor:		Supervisor Position or Title:
Supervisor's Phone Number: ( )		Supervisor E-Mail Address:

Language(s) that the employer/supervisor can communicate: (check all that apply)

☐ English ☐ Other (please specify): _____

C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Shipyard Labourer** Experience Accumulated in that Period:
Job Title of Applicant:	

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D. Supervisor 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.

JOB TASKS	SUPERVISOR DECLARATION RESPONSE	
SYL 1 - Demonstrate knowledge of the marine industry		
Identified shipyard and vessel features	☐ Yes	☐ No
Applied quality standards to daily work activities	☐ Yes	☐ No
Communicated effectively with co-workers and supervisors	☐ Yes	☐ No
SYL 2 - Apply safe work practices		
Applied safety training to daily work activities	☐ Yes	☐ No
Applied preventive measures and responded to emergency situations as required	☐ Yes	☐ No
Identified and minimized the risk of workplace hazards as required by WHMIS	☐ Yes	☐ No
SYL 3 - Apply spill prevention procedures		
Identified the location of spill kits	☐ Yes	☐ No
Identified types of spill and assessed the risk associated with the spill	☐ Yes	☐ No
Performed the correct spill response procedure	☐ Yes	☐ No
SYL 4 - Use and maintain tools and equipment		
Identified tools and equipment for specific work	☐ Yes	☐ No
Used cleaning and maintenance materials as required	☐ Yes	☐ No
Used cleaning and maintenance materials as required	☐ Yes	☐ No
SYL 5 - Clean yard		
Cleaned various areas of the shipyard as per work orders	☐ Yes	☐ No
Collected, sorted, separated, stored and disposed materials and products	☐ Yes	☐ No
Applied safety regulations for cleaning procedures	☐ Yes	☐ No

Supervisor must enter name and initials on every page of the Employer Declaration form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

SKILLED TRADES BC

SHIPYARD LABOURER

EMPLOYER DECLARATION OF WORK EXPERIENCE

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JOB TASKS	SUPERVISOR DECLARATION RESPONSE	
SYL 6 - Deliver materials		
Read and interpreted work orders for delivery	☐ Yes	☐ No
Followed safety loading and unloading practices	☐ Yes	☐ No
Operated equipment and completed paperwork as required	☐ Yes	☐ No
SYL 7 - Steam clean and pressure wash in designated area		
Used a steam cleaner	☐ Yes	☐ No
Used a power washer	☐ Yes	☐ No
Selected and used appropriate PPE, tools and equipment for the work to be performed	☐ Yes	☐ No
SYL 8 - Assist in docking and undocking vessels		
Set up for incoming or outgoing vessel	☐ Yes	☐ No
Cleaned dock area	☐ Yes	☐ No
Followed docking procedures as per safety regulations	☐ Yes	☐ No
SYL 9 - Setup for specified work on a vessel		
Ensured that all permits indicated in the work order are in place	☐ Yes	☐ No
Installed temporary services as per work order and workplace regulations	☐ Yes	☐ No
Protected components to prevent any damage	☐ Yes	☐ No
SYL 10 - Prepare surfaces on a vessel		
Identified job tasks requirements and special instructions for confined space	☐ Yes	☐ No
Used appropriate PPE, tools and equipment required for setup	☐ Yes	☐ No
Verified safe entry as per safety regulations	☐ Yes	☐ No
Effectively applied confined space training	☐ Yes	☐ No
SYL 11 - Prepare surfaces on a vessel		

Supervisor must enter name and initials on every page of the Employer Declaration form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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EMPLOYER DECLARATION OF WORK EXPERIENCE

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JOB TASKS	SUPERVISOR DECLARATION RESPONSE	
Cleaned the surface area as per specifications	☐ Yes	☐ No
Removed water and prepared surface area as per specifications	☐ Yes	☐ No
Cleaned work area and disposed waste as per workplace procedures	☐ Yes	☐ No
SYL 12 - Perform fire watch duties		
Effectively applied confined fire watch training practices	☐ Yes	☐ No
Read and interpreted hot work permit information	☐ Yes	☐ No
Monitored work area and ensured hot work is done is a safe manner	☐ Yes	☐ No
Used communication and emergency notification devices as required	☐ Yes	☐ No
SYL 13 - Perform confined space sentry (hole watch) duties		
Effectively applied confined space training practices	☐ Yes	☐ No
Monitored work area to ensure conditions remained safe for all workers in the area	☐ Yes	☐ No
Kept entry and exit hazard free	☐ Yes	☐ No

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is 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.)

Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Supervisor must enter name and initials on every page of the Employer Declaration form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

SHIPYARD LABOURER

STATUTORY DECLARATION OF WORK EXPERIENCE

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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.

Note: Unless your work experience hours were gained through self-employment, 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.

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

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

- worked a minimum of **4,000 hours** performing the tasks listed in Section D,
- experience performing **70%** of the job tasks listed found in Section D, and Workplace Hazardous Materials Information Systems (WHMIS) **(attach copy of certificate or employee training records**)

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 the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

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:

C. Employment or Self-Employment Information of Applicant

Enter the dates and number of hours for this period of employment or self-employment. Combine multiple periods of self-employment on one form, but separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Shipyard Labourer** Experience Accumulated in that Period:
Job Title of Applicant:	

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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/ 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**.

E. 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 C.

JOB TASKS	DECLARATION RESPONSE	
SYL 1 - Demonstrate knowledge of the marine industry		
Identified shipyard and vessel features	☐ Yes	☐ No
Applied quality standards to daily work activities	☐ Yes	☐ No
Communicated effectively with co-workers and supervisors	☐ Yes	☐ No
SYL 2 - Apply safe work practices		
Applied safety training to daily work activities	☐ Yes	☐ No
Applied preventive measures and responded to emergency situations as required	☐ Yes	☐ No
Identified and minimized the risk of workplace hazards as required by WHMIS	☐ Yes	☐ No
SYL 3 - Apply spill prevention procedures		
Identified the location of spill kits	☐ Yes	☐ No
Identified types of spill and assessed the risk associated with the spill	☐ Yes	☐ No
Performed the correct spill response procedure	☐ Yes	☐ No

Enter the applicant's initials on every page of the Statutory Declaration

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:

SHIPYARD LABOURER

STATUTORY DECLARATION OF WORK EXPERIENCE

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JOB TASKS	DECLARATION RESPONSE	
SYL 4 - Use and maintain tools and equipment		
Identified tools and equipment for specific work	☐ Yes	☐ No
Used cleaning and maintenance materials as required	☐ Yes	☐ No
Used cleaning and maintenance materials as required	☐ Yes	☐ No
SYL 5 - Clean yard		
Cleaned various areas of the shipyard as per work orders	☐ Yes	☐ No
Collected, sorted, separated, stored and disposed materials and products	☐ Yes	☐ No
Applied safety regulations for cleaning procedures	☐ Yes	☐ No
SYL 6 - Deliver materials		
Read and interpreted work orders for delivery	☐ Yes	☐ No
Followed safety loading and unloading practices	☐ Yes	☐ No
Operated equipment and completed paperwork as required	☐ Yes	☐ No
SYL 7 - Steam clean and pressure wash in designated area		
Used a steam cleaner	☐ Yes	☐ No
Used a power washer	☐ Yes	☐ No
Selected and used appropriate PPE, tools and equipment for the work to be performed	☐ Yes	☐ No
SYL 8 - Assist in docking and undocking vessels		
Set up for incoming or outgoing vessel	☐ Yes	☐ No
Cleaned dock area	☐ Yes	☐ No
Followed docking procedures as per safety regulations	☐ Yes	☐ No
SYL 9 - Setup for specified work on a vessel		
Ensured that all permits indicated in the work order are in place	☐ Yes	☐ No
Installed temporary services as per work order and workplace regulations	☐ Yes	☐ No
Protected components to prevent any damage	☐ Yes	☐ No
SYL 10 - Prepare surfaces on a vessel		

Enter the applicant's initials on every page of the Statutory Declaration

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	DECLARATION RESPONSE	
Identified job tasks requirements and special instructions for confined space	☐ Yes	☐ No
Used appropriate PPE, tools and equipment required for setup	☐ Yes	☐ No
Verified safe entry as per safety regulations	☐ Yes	☐ No
Effectively applied confined space training	☐ Yes	☐ No
SYL 11 - Prepare surfaces on a vessel		
Cleaned the surface area as per specifications	☐ Yes	☐ No
Removed water and prepared surface area as per specifications	☐ Yes	☐ No
Cleaned work area and disposed waste as per workplace procedures	☐ Yes	☐ No
SYL 12 - Perform fire watch duties		
Effectively applied confined fire watch training practices	☐ Yes	☐ No
Read and interpreted hot work permit information	☐ Yes	☐ No
Monitored work area and ensured hot work is done is a safe manner	☐ Yes	☐ No
Used communication and emergency notification devices as required	☐ Yes	☐ No
SYL 13 - Perform confined space sentry (hole watch) duties		
Effectively applied confined space training practices	☐ Yes	☐ No
Monitored work area to ensure conditions remained safe for all workers in the area	☐ Yes	☐ No
Kept entry and exit hazard free	☐ Yes	☐ No

G. 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 the Statutory Declaration

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:

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

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 the Statutory Declaration

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials: