

### 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

Legal Last Name:

customer service @skilled trades bc.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.

"Water Well Driller" refers to a person who sets up and operates mobile equipment used to drill residential commercial and industrial water wells. In addition, they conduct other types of industrial drilling. They must know the geological formations of the area where they are working to find potable water that is clean and safe for drinking. They may assist customers in selecting a drilling site and estimating the cost. Water Well Drillers re-construct, re-develop and disinfect older and contaminated wells and water-pumping systems.

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

- worked a minimum of 4,860 hours performing the tasks listed in Section D, and
- experience performing at least 70% of the job tasks listed in Section D.

Holders of a **Certificate of Qualification** in **Geotechnical/Environmental Driller** OR **Geoexchange Driller** will be eligible to challenge this certification by documenting **2,430 hours** of directly related work experience.

Holders of a **Certificate of Qualification** in **Well Pump Installer** will be eligible to challenge this certification by documenting **3,260 hours** of directly related work experience.

Legal Middle Name(s):

### A. Applicant Name

Legal First Name:

Enter the contact information for	or Employment Info			mployer who will not complete an Employer	
Declaration.					
Name of Organization/Employe	:/Business:		Busines only)	ss Registration Number: (Self-Employment	
Business Address (Street Name/	Number, Building/Unit N	umber):		City:	
Province/ State:	Country:			Postal Code/ Zip Code:	
Business Phone Number:	Email Address:		Website:		
Enter the dates and number of ho employment on one form, but you	urs for this period of emplo 1 must separate periods of e	oyment or self-employme employment with differen	nt. You ma nt employe	ay combine multiple periods of self- ers on separate forms.	
Dates of Employment (MM/DD/		Total Number Hours of <b>Water Well Driller</b> Experience Accumulated in Period:			
From:	То:	Accumulated	i in Perioa	:	
Job Title of Applicant:		l			



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April 2025

C. Reason for Statutory Declaration  Indicate why a Statutory Declaration is required for this period of employment:	customerservice	
Applicant was self-employed Employer will/can not complete Employer	over Declaration	
Applicants <b>must</b> attempt to contact current or previous employers to request an Employer Declaration to b		ned.
If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work you have taken to try to obtain it.	_	
D. Statutory Declaration of Job Task Performance	ah ta aha lista d h al	and decide a shape
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the j period indicated in Section B.	od tasks listed bei	ow during the
	DECLA	RATION ONSE
period indicated in Section B.	DECLA	RATION
period indicated in Section B.  JOB TASKS (27)	DECLA	RATION
JOB TASKS (27)  Tools, Safety and Maintenance	DECLA RESP	RATION ONSE
JOB TASKS (27)  Tools, Safety and Maintenance  Uses and cares of hand tools	DECLA RESP	RATION ONSE
JOB TASKS (27)  Tools, Safety and Maintenance  Uses and cares of hand tools  Uses and maintains hydraulic systems	DECLA RESP  Yes Yes Yes	RATION ONSE
Tools, Safety and Maintenance Uses and cares of hand tools Uses and maintains hydraulic systems Knows and uses safety procedures	DECLA RESP  Yes Yes Yes Yes	RATION ONSE  No No No
Tools, Safety and Maintenance Uses and cares of hand tools Uses and maintains hydraulic systems Knows and uses safety procedures Performs and maintains service on a fuel supply system	DECLA RESP  Yes Yes Yes Yes	RATION ONSE  No No No
JOB TASKS (27)  Tools, Safety and Maintenance  Uses and cares of hand tools  Uses and maintains hydraulic systems  Knows and uses safety procedures  Performs and maintains service on a fuel supply system  Drilling Equipment	DECLA RESP  Yes Yes Yes Yes Yes	RATION ONSE  No No No No
Tools, Safety and Maintenance Uses and cares of hand tools Uses and maintains hydraulic systems Knows and uses safety procedures Performs and maintains service on a fuel supply system Drilling Equipment Operates and maintains compressed air systems	DECLA RESP  Yes Yes Yes Yes Yes Yes	RATION ONSE  No No No No
Tools, Safety and Maintenance Uses and cares of hand tools Uses and maintains hydraulic systems Knows and uses safety procedures Performs and maintains service on a fuel supply system  Drilling Equipment Operates and maintains compressed air systems Works safely on site	DECLA RESP  Yes Yes Yes Yes Yes Yes Yes Yes	RATION ONSE  No No No No No
Tools, Safety and Maintenance Uses and cares of hand tools Uses and maintains hydraulic systems Knows and uses safety procedures Performs and maintains service on a fuel supply system  Drilling Equipment Operates and maintains compressed air systems Works safely on site Identifies the cable tool system	DECLA RESP  Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	RATION ONSE  No No No No No No No



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JOB TASKS (27)	DECLARATION RESPONSE		
Uses different augers and bores	☐ Yes	☐ No	
Well Construction and Monitoring			
Designs water wells	☐ Yes	☐ No	
Uses well development techniques	☐ Yes	☐ No	
Monitors groundwater	☐ Yes	☐ No	
Knows trade regulations	☐ Yes	☐ No	
Pumping Systems			
Designs and installs water pumps at site	☐ Yes	☐ No	
Troubleshoots and maintains pumps	☐ Yes	☐ No	
Installs and wires motor controls	☐ Yes	☐ No	
Well Development and Maintenance			
Performs reclamation	☐ Yes	☐ No	
Drills monitoring wells	☐ Yes	☐ No	
Knows groundwater regulations	☐ Yes	☐ No	
Performs well closure	☐ Yes	☐ No	
Identifies geology and hydrogeology	☐ Yes	☐ No	
Identifies sources of water	☐ Yes	☐ No	
Performs aquifer tests	☐ Yes	☐ No	
Regulations, Metric and Intro to Gas and Monitoring Wells			
Follows environmental regulations	Yes	☐ No	
Perform and interprets chemistry tests	☐ Yes	☐ No	
Reads and interprets maps	☐ Yes	☐ No	
E. Applicant Signature  I certify that the information I have provided is true and accurate. (Note: Collection and protection of person accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)	al information o	n this form is in	
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 Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	nat ref	erence can commun	icate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
2. Reference					•		
Relationship to Applicant:		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	at ref	erence can commun	icate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
3. Reference							
Relationship to Applicant:		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	at ref	erence can commun	icate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
					,		
Enter the applicant's initials							1
I hereby certify, that to the accurate.	best	of my knowl	edge, the info	rmat	tion I am providin	g is t	rue and Applicant's Initials: