

MULTI-PROCESS ALLOY WELDING (MPAW)

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.

“Red Seal Welder with Multi-Process Alloy Welding Endorsement” means a person who has advanced training, skills and abilities to weld all materials, including specialized alloys, by any manual welding process, in any position, and other such work as is usually done by a Red Seal Welder with Multi-Process Alloy Welding (MPAW) Endorsement.

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

- **Welder Certificate of Qualification with Red Seal Endorsement** or **Welder B Certificate of Qualification with Red Seal Endorsement** (attach copy of document),
- worked a minimum of **1,350 hours** as a journey person in the industry performing work specific to Multi-Process Alloy Welding, and
- experience performing **all** the welding procedures and other related job tasks listed in Section D of this form.

To obtain a SkilledTradesBC certification in this trade via challenge, requires successful completion of the following two exams:

1. Welder Interprovincial Red Seal exam, which will be administered by SkilledTradesBC, and
2. Welder Practical exam, which will be administered by the nearest welding college or testing institution on behalf of SkilledTradesBC.

Note: Scheduling and payment for the practical exam must be arranged through the welding college or testing institution. Further information on the practical exam locations will be provided once your application is approved.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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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 Multi-Process Alloy Welding (MPAW) 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 welding procedures and job tasks listed below during the period indicated in Section B.

WELDING PROCEDURES	DECLARATION RESPONSE	
Shielded Metal Arc Welding (SMAW):		
Groove welds on steel plate – 2G, 3G and 4G position	☐ Yes	☐ No
Groove welds on steel pipe – 6G position	☐ Yes	☐ No
Gas Tungsten Arc Welding (GTAW):		
Groove welds on low carbon steel pipe – 2G, 5G and 6G positions	☐ Yes	☐ No
Groove welds on stainless steel pipe – 2G and 5G positions	☐ Yes	☐ No

OTHER JOB TASKS PERFORMED OR KNOWLEDGE REQUIRED	DECLARATION RESPONSE	
Fabricate weldments		
Layout and assemble a square-to-square transition	☐ 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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OTHER JOB TASKS PERFORMED OR KNOWLEDGE REQUIRED	DECLARATION RESPONSE	
Layout and assemble a square-to-round transition	☐ Yes	☐ No
Layout, assemble and weld a rolling offset	☐ Yes	☐ No
Describe other metals and their welding processes:		
Non-ferrous alloys	☐ Yes	☐ No
Reactive metals	☐ Yes	☐ No
Aluminum, magnesium and zinc die castings	☐ 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:
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