

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.

"Well pump installers" install, test, maintain and repair water well pumps, piping systems and equipment, and perform pumping tests to assess well performance. Well pump installers typically work in an outdoor environment where the worker is exposed to variations in weather conditions and seasonal weather patterns. Work involves contact with water and other liquids. Well pump installers are often employed by well drilling companies, or plumbing companies, and they may be self-employed. Well pump installers can also work for larger construction companies or public works departments. Work can be seasonal, as there is more demand for well drilling in the spring, summer and fall. Well pump installers work near or with a variety of equipment, instruments, machinery or tools, and must maintain a focus on safety at all times.

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** will be eligible to challenge this certification by documenting **4,370 hours** of directly related work experience.

Holders of a Certificate of Qualification in **Geoexchange Driller** will be eligible to challenge this certification by documenting **3,880 hours** of directly related work experience.

Holders of a Certificate of Qualification in **Water Well Driller** will be eligible to challenge this certification by documenting **2,920 hours** of directly related work experience

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Middle Name(s):		Legal Last Name:		
B. Self-Employment	or Employment Information	on of Applica	nt			
Enter the contact information for Declaration.	your own business if you are self-er	nployed or your pr	evious emp	ployer who will not complete an Employer		
Name of Organization/Employe		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:			
	ours for this period of employment o u must separate periods of employn					
Dates of Employment (MM/DD From:	/YYYY): To:	Total Number Accumulated i		Vell Pump Installer Experience		
Job Title of Applicant:		I				



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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	yer Declaration	
Applicants must attempt to contact current or previous employers to request an Employer Declaration to be		ned.
If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work of		
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 period indicated in Section B.	b tasks listed beld	ow during the
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job	DECLA	ow during the RATION ONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B.	DECLA	RATION
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (58)	DECLA	RATION
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (58) Industry Overview and Professional Work Practices	DECLA: RESP	RATION ONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (58) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C	DECLAI RESP	RATION ONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (58) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System	DECLAI RESP Yes Yes	RATION ONSE No
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (58) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System Describes professional work practices	DECLAI RESP Yes Yes Yes	RATION ONSE No No No
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (58) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System Describes professional work practices Applies trade math	DECLAI RESP Yes Yes Yes	RATION ONSE No No No
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (58) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System Describes professional work practices Applies trade math Workplace Safety	DECLAIRESP Yes Yes Yes Yes Yes	RATION ONSE No No No No
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job period indicated in Section B. JOB TASKS (58) Industry Overview and Professional Work Practices Describes the scope of the trade in B.C Describes the B.C. Certification System Describes professional work practices Applies trade math Workplace Safety Describes common safety hazards associated with the trade	DECLAI RESP Yes Yes Yes Yes Yes	RATION ONSE No No No No No



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JOB TASKS (58)	DECLARATION RESPONSE		
Uses the WHMIS System to practice safe care and control of hazardous products	☐ Yes	☐ No	
Recognizes and describes hazards to the environment associated with the trade	☐ Yes	☐ No	
Recognizes and complies with WorkSafeBC Regulations	☐ Yes	☐ No	
Recognizes and complies with the B.C. Wellhead Protection Regulations	☐ Yes	☐ No	
Recognizes and complies with the B.C. Safety Authority Electrical Regulations	☐ Yes	☐ No	
States the safety considerations when working in close proximity to a well head	☐ Yes	☐ No	
Well Drilling Methods			
Describes the different types of well drilling systems applicable to the trade	Yes	☐ No	
Uses well drilling methods as applicable to the trade	Yes	☐ No	
Geology			
Identifies various rock types and the processes that form them	Yes	☐ No	
Describes various soil types found in B.C.	Yes	☐ No	
Uses proper terminology to describe geological formations as it applies to the trade	Yes	☐ No	
Ground Water			
Describes the Hydrologic Cycle (Water Cycle)	Yes	☐ No	
Uses proper terminology to describe various subsurface zones	Yes	□ No	
Uses proper terminology to describe ground water formations	Yes	☐ No	
Describes different sources of water	Yes	☐ No	
Defines appropriate terms and abbreviations used to report on lithology	Yes	No	
Aquifer Potential			
Explains ground water flow as it pertains to various formations	Yes	□ No	
Recognizes hydraulic properties of bedrock and overburden (soil) aquifers	☐ Yes	□ No	
Describes the different types of aquifer tests and the equipment necessary	☐ Yes	□ No	
Performs various aquifer tests	Yes	□ No	
Records the readings and interpret the results	☐ Yes	□ No	
Uses technologies for data acquisition	Yes	□ No	
Describes the use of monitoring wells for data collection	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 Ini	tials:	

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JOB TASKS (58)	DECLARATION RESPONSE	
Ground Water Quality		
Interprets detailed chemistry reports	☐ Yes	☐ No
Uses proper techniques for acquiring water samples	☐ Yes	☐ No
Uses proper methods of disinfection	☐ Yes	☐ No
Identifies ground water treatment required for common concerns	☐ Yes	☐ No
Pumping System		
Describes different types of shallow and deep well pumps	Yes	☐ No
Describes equipment requirements for different pump types	☐ Yes	☐ No
Determines the appropriate electrical wire size for pump installation	☐ Yes	☐ No
Describes the types and sizes of pressure tanks	☐ Yes	☐ No
Selects pump type according to application and sizing	☐ Yes	☐ No
Determines the Total Dynamic Head for a well pumping system	☐ Yes	☐ No
Designs and installs a water pumping system for a well site	☐ Yes	☐ No
Pumping System Electricals		
Recognizes electrical circuits	☐ Yes	☐ No
Uses lockout/tag out procedures	☐ Yes	☐ No
Uses a voltmeter, ampmeter, ohmmeter and megohmmeter	☐ Yes	☐ No
Uses methods for wiring motor controls	☐ Yes	☐ No
Uses procedures for protecting and burying underground cables	☐ Yes	☐ No
Installs a waterproof splice on a submersible pump motor lead in accordance with the electrical code	☐ Yes	☐ No
Identifies the requirements for an electrical disconnect on a pump system	☐ Yes	☐ No
Completes a control box installation	☐ Yes	☐ No
Completes a system ground for a pump installation	☐ Yes	☐ No
Performs electrical tests as required on pumping systems	☐ Yes	☐ No
Describes power supply alternatives for electric motor pumps	☐ 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 Ini	tials:

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JOB TA	DECLARATION RESPONSE				
System Troubleshooting and Repair					
Performs pump system tests to identify pr	☐ Yes	☐ No			
Repairs pump systems	☐ Yes	☐ No			
Water Well Systems					
Describes the characteristics of well aquife	☐ Yes	☐ No			
Describes various water well components	☐ Yes	☐ No			
Describes various in-well pump compone	☐ Yes	☐ No			
Describes pump control systems and com	☐ Yes	☐ No			
Uses various methods and equipment for	☐ 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):	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	::		Language(s) th	at ref	erence can communi	cate:	(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	::		Language(s) th	at ref	erence can communi	cate:	(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	::		Language(s) th	at ref	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
Enter the applicant's initials o		ery page of th	ic form				
I hereby certify, that to the bo				atio	n I am providing is	s true	e and accurate. Applicant's Initials: