

### 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:

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.

"Winder Electrician" means a person who tests, rewinds, reconditions, rebuilds, replaces and generally services electric motors, generators, alternators, transformers, control equipment, mobile machines and other related components in commercial, institutional and industrial establishments, and any other work that is usually performed by a journeyperson Winder Electrician.

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

• worked a minimum of **9,000 hours** performing the tasks listed in Section D, and

Legal Middle Name(s):

• experience performing at least 70% of the job tasks listed in Section D.

A. App	licant	Name
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Legal First Name:

B. Self-Employment or Em	-				
Enter the contact information for your o Declaration.	wn business if you are self-emp	ployed or your pre	evious emp	ployer who will not complete an Employer	
Name of Organization/Employer/Business:			Business Registration Number: (Self-Employment only)		
Business Address (Street Name/Numb	er, 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 employment on one form, but you must					
			Total Number Hours of <b>Winder Electrician</b> Experience		
From: To	ı:	Accumulated in	n 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:		
	Dl	
Applicant was self-employed Employer will/can not complete Employ		
Applicants <b>must</b> attempt to contact current or previous employers to request an Employer Declaration to be		
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.	experience, <b>indic</b>	cate the steps
D. Statutory Declaration of Job Task Performance		
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job	b tasks listed belo	ow during the
•	b tasks listed belo	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 (12)	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 (12)  Technical Occupational Skills And Procedures	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 (12)  Technical Occupational Skills And Procedures  Uses tools safely and skillfully	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 (12)  Technical Occupational Skills And Procedures  Uses tools safely and skillfully  Performs welding, brazing, and soldering operations	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 (12)  Technical Occupational Skills And Procedures  Uses tools safely and skillfully  Performs welding, brazing, and soldering operations  Performs occupational related functions	DECLA RESP  Yes Yes Yes Yes	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 (12)  Technical Occupational Skills And Procedures  Uses tools safely and skillfully  Performs welding, brazing, and soldering operations  Performs occupational related functions  Assesses systems and equipment	DECLA RESP  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 (12)  Technical Occupational Skills And Procedures  Uses tools safely and skillfully  Performs welding, brazing, and soldering operations  Performs occupational related functions  Assesses systems and equipment  Checks mechanical, electrical, and electronic components and systems	DECLA RESP  Yes Yes Yes Yes Yes Yes Yes	RATION ONSE  No 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 (12)  Technical Occupational Skills And Procedures  Uses tools safely and skillfully  Performs welding, brazing, and soldering operations  Performs occupational related functions  Assesses systems and equipment  Checks mechanical, electrical, and electronic components and systems  Repairs defective mechanical, electrical, and electronic part(s)/components	DECLA RESP  Yes Yes Yes Yes Yes Yes Yes Yes	RATION ONSE  No No 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 (12)  Technical Occupational Skills And Procedures  Uses tools safely and skillfully  Performs welding, brazing, and soldering operations  Performs occupational related functions  Assesses systems and equipment  Checks mechanical, electrical, and electronic components and systems  Repairs defective mechanical, electrical, and electronic part(s)/components	DECLA RESP  Yes Yes Yes Yes Yes Yes Yes Yes	RATION ONSE  No No No No No No



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Applicant's Initials:

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		DECLARATION RESPONSE		
Tests systems and equipment			Yes	☐ No
Documents work in progress			Yes	☐ No
Rotating Equipment				
Reconditions and repairs of rotating e		Yes	☐ No	
Stationary Equipment				
Checks and repairs stationary equipm	ent		Yes	☐ No
Assembles electrical/electronic contro	ol panel	Т	Yes	☐ No
applicant Name (please print):	d is true and accurate. (Note: Collection and protom of Information and Protection of Privacy Act.  Applicant Signature:	)	(MM/DD/	
pplicant Name (please print).	Applicant Signature.	Date.	(MIMI/DD/	1111)
Enter the applicant's initials on every page o	of this form			

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.



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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 Referenc	e:		Language(s) t	hat 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) t	hat 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) t	hat 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 of hereby certify, that to the b				matic	n Lam providing	ic tru	e and accurate. Applicant's Initials:
nereby certify, that to the b	est 0	i my knowiet	18c, 111c 1111011	1114110	ii i aiii providiiig i	is ii ii (	c and accurate. Applicant's illitials.