



**APPLIANCE SERVICE TECHNICIAN  
STATUTORY DECLARATION  
OF WORK EXPERIENCE**

**D. Reason for Statutory Declaration**

Indicate why a Statutory Declaration is required for this period of employment:

- Applicant was self-employed                       Employer will not complete Employer Declaration
- Employer is no longer in business                       Employment records are not available

Applicants must attempt to contact current or previous employers to request an Employer Declaration. 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. If sufficient evidence of steps taken is not provided, the application may not be approved.

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**E. Statutory Declaration of Job Task Performance**

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you have performed the job tasks listed below. Cross out any job tasks you did not perform during the period indicated in Section C.

<b>Job Tasks</b>	<b>Declaration Response</b>
<b>Occupational Skills</b> Including: Using tools and equipment, Organizes work.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Removal and Installation Procedures</b> Including: Preparing installation site, Handles appliance, Disconnecting/reconnecting appliance.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Electrical and Electronic Systems</b> Including: Diagnosing electrical and electronic components, Performs electrical and electronic repair.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Mechanical Systems</b> Including: Diagnosing drive systems, Assessing cabinets, consoles and suspension systems, Repairs drive systems, Repairs cabinets, consoles and suspension systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Water Systems</b> Including: Diagnosing water systems, Repairs water systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Air Systems</b> Including: Diagnosing static air systems, Diagnosing forced air systems, Repairs static air systems, Repairing forced air systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

*Enter the applicant name (repeat on every page of this form).*

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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Job Tasks	Declaration Response
<b>Refrigeration Systems</b> Including: Diagnosing refrigeration systems, Recovers refrigerant, Repairs refrigeration systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Gas Systems</b> Including: Diagnosing gas system components and supply, Repairs gas system components.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

**F. Confirmation of Prerequisite Credentials or Certificates**

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, you must prove you have the required prerequisite credentials.

There are no prerequisite credentials or certificates for this trade.

**G. Applicant Signature**

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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*Enter the applicant name (repeat on every page of this form).*

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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**H. References**

References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), former employees (maximum one), contractors, or regular, long-term clients (maximum one).

Each individual listed will be contacted by SkilledTradesBC to verify the information provided on your application.

**1. Reference**

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

**2. Reference**

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

**3. Reference**

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

*Enter the applicant name (repeat on every page of this form).*

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