

# 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

To qualify to challenge certification in this trade, you must:

- Have worked a minimum of 9,600 hours performing some or all of the job tasks listed in Section E of this form, and
- Have experience performing at least 70% of those tasks

Holders of a military certificate in Plumbing and Heating Technician MT #304 / MT #646, QL5 or higher will be eligible to challenge the Oil Heat System Technician Inter-Provincial Red Seal examination.

A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, your application to challenge certification will not be accepted if it is only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience. For more information, see **Instructions for Certification Challenge**.

The information provided on this form is used to assess and to validate your work experience in this trade.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:		
Legai First Name.	Legar winding (value(s).	Legal Past Name.		
B. Supervisor or Self-Emp	loyment Contact Information	n		
Enter the contact information for the Syour own business if you are self-employers.		o is unavailable to complete an Employer Declaration, or for		
Name of Organization/Employer/Busine	ss: Supervisor Name:	Supervisor's Position/Title:		
Suite Number: Street Number a	nd Name:			
City:	Province:	Postal Code:		
Telephone Number:	Email Address:	Business Registration Number: (Self-Employment only)		
C. Employment or Self-Er	nployment Information of Ap	pplicant		
	or this period of employment or self-emp oyment with different employers on sep	loyment. Combine multiple periods of self-employment on arate forms.		
Dates of Employment (MM/DD/YYYY):		Total Number Hours of Oil Heat System Technician Experience Accumulate		
From: To:	in that Perio	d:		
Job Title of Applicant:				

Legal Last Name:

Legal First Name:

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

Legal Middle Name(s):



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D.	Reason for Statutory Declara	ation			
Indica	ate why a Statutory Declaration is require	ed for this period of	employment:		
	Applicant was self-employed		Employer will not complete Employer Declaration		
	Employer is no longer in business		Employment record	ls are not available	
Emplo	cants must attempt to contact current or oyer Declaration for any portion of your r ient evidence of steps taken is not provid	non-self-employed	work experience, indi	cate the steps you have ta	
	Statutory Declaration of Job ecking "Yes" or "No" in the Declaration F ny job tasks you did not perform during th	Response column, i	ndicate whether or no	t you have performed the	job tasks listed below. Cros
Job	Tasks				Declaration Response
Occ	rupational Skills				Yes:
Incl	uding: Using tools and equipment, (	Organizing work,			No:
Fuel Supply and Storage Systems					Yes:
Including: Installing fuel storage tanks, Installing fuel supply system.					No:
Oil Fired Heating Systems Including: Installing and retrofits oil-fired and wood/oil appliances and components, Installing forced air heating systems, Installing hydronic heating systems.				_	
Venting, Combustion Air And Make-Up Air Including: Installing venting systems, Installing equipment and components for combustion air and makeup air.					red air Yes: No:
Incl	ting, Combustion Air And Make-U	p Air			ed air No:
Incl air.	ting, Combustion Air And Make-U	p Air			ed air No:   No:   Yes:   I makeup
Incl air.	uting, Combustion Air And Make-Unuding: Installing venting systems, In	p Air stalling equipme	nt and components	for combustion air and	No:
Incl air. Elec Incl Mai	uting, Combustion Air And Make-Ujuding: Installing venting systems, In	p Air stalling equipme ronic systems, Te	esting electrical and	for combustion air and electronic systems.	ems and
Inclair.  Electric Include Inc	uting, Combustion Air And Make-Upuding: Installing venting systems, Inctrical/Electronic Systems uding: Installing electrical and electrical	p Air stalling equipme ronic systems, Te	esting electrical and	for combustion air and electronic systems.	ems and



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## 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. For those trades, you must prove you have the required prerequisite credentials. Prerequisite credentials for this trade are listed below.

• There are no prerequisite credentials or certificates for this trade.

#### G. Applicant Signature

Applicant Name (please print):

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 Signature:

Enter the applicant name (repeat on every page of this form).				
Legal First Name:	Legal Middle Name(s):	Legal Last Name:		
	1	1		



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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 Refe	rence:		
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 Refe	rence:		
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 Refe	rence:		
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:		