

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, must have:

- Hold a Machinist Certificate of Qualification with Interprovincial Red Seal Endorsement
- Have worked a minimum of **2,700 hours** performing the job tasks listed in Section E, and
- Have experience performing at least 70% of those job tasks

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, Certification Challenge and Supervision and Sign-Off Authority applications will not be accepted if they are 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.

## A. Applicant Name

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

## B. Supervisor or Self-Employment Contact Information

Enter the contact information for the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

Name of Organization/I	Employer/Business:	Supervisor Name:	Supervisor's Position/Title:
Suite Number:	Street Number and Name	:	
City:		Province:	Postal Code:
Telephone Number: ( )		Email Address:	Business Registration Number: (Self-Employment only)

### C. Employment or Self-Employment Information of Applicant

Enter the dates and number of hours for this period of employment or self-employment. Combine multiple periods of self-employment on one form, but separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY)		Total Number Hours of <b>Tool and Die Maker</b> Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

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



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### 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.

## 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.

Job Tasks		Declaration Response	
<b>Common Occupational Skills:</b> Performs Safety Related Functions, Maintains Machine and Cutting Tools, and Accessories; Organizes Work; Performs Benchwork; Uses Communication and Mentoring Techniques	Yes: No:		
<b>Operates Machine Tools:</b> Sets up and Operates Power Saws, Drill Presses, Conventional Lathes, Conventional Milling Machines, Grinding Machines, Computer Numerical Control (CNC) Machines, Electrical Discharge Machines (EDM).	Yes: No:		
Performs Heat Treatment:   Heat treats materials and tests heat treated materials	Yes: No:		
<b>Performs Design &amp; Development of Prototypes and Production Tools:</b> Performs production tool design; develops prototype; fits and assembles production tools; proves out production tools; repairs and maintains production tools.	Yes: No:		

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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.

I declare that I have attained the prerequisite credentials or certification required to be considered eligible to challenge in this trade:

Machinist Certificate of Qualified	cation with a Red Seal Endorsement		Copy of certificate attached
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## 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)

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:

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