



**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: <input type="checkbox"/> No: <input type="checkbox"/>
<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: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Performs Heat Treatment:</b> Heat treats materials and tests heat treated materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<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: <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:

**TOOL AND DIE MAKER  
STATUTORY DECLARATION  
OF WORK EXPERIENCE**

**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 Qualification with a Red Seal Endorsement       Copy of certificate attached

**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)
--------------------------------	----------------------	--------------------

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

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

**TOOL AND DIE MAKER  
STATUTORY DECLARATION  
OF WORK EXPERIENCE**

**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:
-------------------	-----------------------	------------------