

WELDER

STATUTORY DECLARATION OF WORK EXPERIENCE

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

- Have worked a minimum of **6,930 hours** in the industry performing work directly related to this occupation.
- Have experience performing at least 8 of the 11 welding procedures (4 of which are mandatory) listed in Section D of this form.

Holders of a military certificate in Material Technician MT #134 / MT#441, QL5 or higher will be eligible to challenge the Welder Inter-Provincial Red Seal examination.

To obtain a SkilledTradesBC certification in this trade via challenge, requires successful completion of the following two exams:

1. The Welder Interprovincial Red Seal exam, which will be administered by SkilledTradesBC, and
2. The Welder practical exam, which will be administered by the nearest welding college or testing institution on behalf of SkilledTradesBC.

Scheduling and payment for the practical exam must be arranged through the institution. For further information on the practical exam and the fee structure, please contact the nearest welding college or testing institution.

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 or Supervision and Sign-off Authority**.

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/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)	

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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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 Welder Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

D. Reason for Statutory Declaration

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

- | | |
|--|--|
| <input type="checkbox"/> Applicant was self-employed | <input type="checkbox"/> Employer will not complete Employer Declaration |
| <input type="checkbox"/> Employer is no longer in business | <input type="checkbox"/> 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.

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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E. Statutory Declaration of Job Task Performance

Welding procedures used by the applicant

Mandatory procedures

1. Shielded metal arc welding (SMAW), including:
 - Fillet weld - all positions
 - Groove weld open root - all positions
2. Cutting and gouging, including:
 - Oxy-fuel cutting
 - Gouging

Additional procedures (minimum 4 required)

3. Gas metal arc welding (GMAW):
 - Groove weld with backing - flat (1G) position
 - Groove weld open root - flat (1G) position
 - Fillet weld - all positions
4. Flux cored arc welding (FCAW):
 - Fillet weld - all positions
 - Groove weld - vertical position
5. Gas tungsten arc welding (GTAW):
 - Fillet weld - all positions
 - Groove weld open root - all positions

Additional comments

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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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

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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