SKILLED TRADES BC

BENCHPERSON

EMPLOYER 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

Legal Last Name:

To qualify to challenge the Benchperson Endorsement or to be granted authority to supervise and sign-off on apprentices in this trade, individuals must:

- Be a certified journeyperson, holding either a Saw Filer Certificate of Qualification or a LMI Circular Sawfiler Certificate of Qualification
- Have worked a minimum of 2,520 hours performing the tasks listed in Section D, and
- Have experience performing at least 70% of the job tasks listed in Section D

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

Note: An Employer Declaration of Work Experience form must be completed by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

Legal Middle Name(s):

A. Applicant Name

Legal First Name:

Enter the name of the individual for whom this form is being completed.

Enter the name ar	sor Contact Information for the pplication will be denied if the	e person who directly		at this employer. Ensure the information given BC.	
Name of Organizati	on/Employer/Business:				
First and Last Name of Applicant's Direct Supervisor:		sor:	Supervisor Position or Title:		
Suite Number:	Street Number and Name:				
City:		Province:		Postal Code:	
Business Number:		Mobile Phone Number:		Supervisor E-Mail Address:	
C. Employ	ment Information of	Applicant			
Dates of Applicant's Employment (MM/DD/YYYY From: To:):	Total Number Hours of Period:	Total Number Hours of Benchperson Experience Accumulated in that Period:	
Enter the Supervis	sor and Applicant names from	m Page 1 on every page	e of this form		
Supervisor First and Last Name:		Aŗ	oplicant First and Last Name:		



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Job Title of Applicant:					
Job Tiue of Applicant:					
D. Supervisor Declaration of Job Task Perf	formance				
	nn, indicate whether or not you, as the direct supervisor of the ap sted. Cross out any job tasks you did not see the applicant perfo		have		
Bench Person Endorsement					
Job Tasks		Declar Respo			
Trade Math		Yes:			
Including: Calculate strain.		No:			
Band Saws		Yes:			
Including: Troubleshooting, leveling and tensioning, pralignment and maintenance.	roper tension gauge for type of band, bandmill	No:			
Saw Welding		Yes:			
Including: Butt weld saws.		No:			
Shearboards, Scrapers, Cooling Systems and Hydraul	lics	Yes:			
Including: Hydraulic systems.		No:			
Tension, Level and Bench Saws		Yes:			
Including: Band saw applications, tension requirement	is, maintenance and repair, heat tension.	No:			
Saw Filing Room Machines		Yes:			
Including: Setup and maintenance of band saw bench,	filing room machines and equipment.	No:			
Band Mills		Yes:			
Including: Alignment, maintenance, inspections, grinding of band wheels and crowning of wheels. Alignment of carriage and track. Alignment of infeed and outfeed rolls.					
E. Confirmation of Prerequisite Credentia	lls or Certificates				
	equisite credentials or certificates is required before the individu Authority. For those trades, a current or previous employer mus				
I have verified that the applicant has attained all the prerequise receive Supervision and Sign-Off Authority in this trade.	site credentials or certification required to be considered eligible	e to challe	enge or		
Saw Filer BC Certificate of Qualification	Copy of certificate atta	iched			
Enter the Supervisor and Applicant names from Page 1 on eve	ery page of this form				
Supervisor First and Last Name:	Applicant First and Last Name:				

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F. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, 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.)

ipervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Applicant First and Last Name:

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Supervisor First and Last Name: