

**INDUSTRIAL MECHANIC
(MILLWRIGHT)
STATUTORY DECLARATION
OF WORK EXPERIENCE**

This form is used to declare work experience for periods during which you were self-employed or a previous employer will not complete an Employer Declaration.

Note: Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. For more information, see Instructions for Certification Challenge or Supervision and Sign-off Authority.

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

- worked a minimum of **9,540 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Holders of a **military certificate** in **Marine Engineer MT #367 / Marine Engineering Technician MT #313, QL5 or higher** will be eligible to challenge this certification.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)
Mailing Address:		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Email Address:	Website:

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

Dates of Employment (MM/DD/YYYY): From: _____ To: _____	Total Number Hours of Industrial Mechanic (Millwright) Experience Accumulated in that Period:
Job Title of Applicant:	

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

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C. Reason for Statutory Declaration

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

- Applicant was self-employed Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration filled out and signed.

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.

D. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

Job Tasks (23)	Declaration Response
Perform Safety Related Functions Use codes, regulations and standards; Use PPE and safety equipment; maintain safe worksite; perform lock-out, tag-out and zero-energy procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use Tools and Equipment Use hand and portable power tools; use shop machines; use access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Routine Trade Activities Use mathematics and science; plan work; lubricate systems and components; perform leveling of components and systems; use fastening and retaining devices; use manufacturer, supplier and reference documentation; perform material identification; perform heat treatment of metal; use mechanical drawings and specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use Communication and Mentoring Techniques Use communication techniques; use mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Measuring and Layout of Work Piece Prepare work area, tools and equipment; layout and fabricate work piece	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Cutting and Welding Operations Cut material with oxy-fuel and plasma arc cutting equipment; weld material using shielded arc welding equipment (SMAW); weld material with gas metal arc welding equipment (GMAW); weld material with gas tungsten arc welding equipment (GTAW)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (23)	Declaration Response
Perform Rigging, Hoisting/Lifting and Moving Select and use sling and rigging attachments; select and use hoisting and lifting equipment; create a rigging plan	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Shafts, Bearings and Seals Select, install and maintain shafts, bearings, and seals	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Couplings, Clutches and Brakes Select, install and maintain couplings, clutches and brakes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Chain and Belt Drive Systems Select, install, and maintain chain drive systems and belt drive systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Gear Systems Select and install gear systems; diagnose, maintain and repair gear systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Shaft Alignment Procedures Perform rough alignment; perform dial alignment procedures; perform laser alignment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Fans and Blowers Select, install and maintain fans and blowers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Pumps Identify and select positive and non-positive displacement pumps; Install, maintain and repair positive and non-positive displacement pumps	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Compressors Identify and select compressors; install, maintain and repair compressors	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Piping, Tanks and Containers Select, install, and maintain piping, and process tanks and containers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Hydraulic Systems Identify hydraulic components; assemble hydraulic circuits; maintain and repair hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Pneumatic and Vacuum Systems Identify pneumatic and vacuum components; assemble pneumatic and vacuum circuits; maintain and repair pneumatic and vacuum systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Conveying Systems Identify conveying system components; assemble conveying systems; maintain and repair conveying systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Prime Movers Service electric motors; service internal combustion engines; service turbines	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Preventative and Predictive Maintenance Perform preventative and predictive maintenance activities; perform vibration analysis procedures; perform balancing procedures; perform non-destructive evaluation (NDE) procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Commissioning and Decommissioning of Equipment Commission and decommission systems and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (23)	Declaration Response
Service Robotics and Automated Equipment Service robotics and automated equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. 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)

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F. References

Minimum of Three References must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by SkilledTradesBC to verify the information provided on your application.

1. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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