

INSTRUMENTATION AND CONTROL TECHNICIAN

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 **9,000 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

A. Applicant Name

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

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):		Total Number Hours of Instrumentation and Control Technician Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

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

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

**INSTRUMENTATION AND CONTROL
TECHNICIAN
STATUTORY DECLARATION
OF WORK EXPERIENCE**

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 to be 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 (99)	Declaration Response
PERFORMS SAFETY-RELATED FUNCTIONS Maintains safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs de-energizing, lock-out and tag-out procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES TOOLS AND EQUIPMENT Uses calibration, configuration and test equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses hand and power 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:
-------------------	-----------------------	------------------

**INSTRUMENTATION AND CONTROL
TECHNICIAN**

**STATUTORY DECLARATION
OF WORK EXPERIENCE**

Job Tasks (99)	Declaration Response
Uses access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses rigging, hoisting and lifting equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ORGANIZES WORK Uses documentation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interprets drawings and schematics	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plans tasks	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES COMMUNICATION AND MENTORING TECHNIQUES Uses communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES PRESSURE, TEMPERATURE, LEVEL AND FLOW DEVICES Installs pressure, temperature, level and flow devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains pressure, temperature, level and flow devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses pressure, temperature, level and flow devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs pressure, temperature, level and flow devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES SIGNAL TRANSDUCERS Performs installation and configuration of signal transducers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses signal transducers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs maintenance and repairs on signal transducers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES MOTION, SPEED, POSITION AND VIBRATION DEVICES Installs motion, speed, position and vibration devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains motion, speed, position and vibration devices	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:
-------------------	-----------------------	------------------

**INSTRUMENTATION AND CONTROL
TECHNICIAN**

**STATUTORY 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

Job Tasks (99)	Declaration Response
Diagnoses motion, speed, position and vibration devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs motion, speed, position and vibration devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES MASS, DENSITY AND CONSISTENCY DEVICES Installs mass, density and consistency devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains mass, density and consistency devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses mass, density and consistency devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs mass, density and consistency devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES PROCESS ANALYZERS Installs process analyzers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains process analyzers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses process analyzers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs process analyzers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES MULTIPLE VARIABLE COMPUTING DEVICES Installs multiple variable computing devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains multiple variable computing devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses multiple variable computing devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs multiple variable computing devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES SAFETY SYSTEMS AND DEVICES Installs safety systems and devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains safety systems and devices	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:
-------------------	-----------------------	------------------

**INSTRUMENTATION AND CONTROL
TECHNICIAN**

**STATUTORY DECLARATION
OF WORK EXPERIENCE**

Job Tasks (99)	Declaration Response
Diagnoses safety systems and devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs safety systems and devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES FACILITY SECURITY SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs facility security systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains facility security systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses facility security systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs facility security systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES SAFETY INSTRUMENTED SYSTEMS (SIS)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs SIS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Configures SIS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains SIS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses SIS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs SIS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES CONTROL DEVICES FOR HYDRAULIC SYSTEMS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs control devices for hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses control devices for hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs maintenance and repairs on control devices for hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES PNEUMATIC EQUIPMENT	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs pneumatic equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses pneumatic equipment	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:
-------------------	-----------------------	------------------

**INSTRUMENTATION AND CONTROL
TECHNICIAN**

**STATUTORY DECLARATION
OF WORK EXPERIENCE**

Job Tasks (99)	Declaration Response
Performs maintenance and repairs on pneumatic equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES ELECTRICAL AND ELECTRONIC EQUIPMENT Installs electrical and electronic equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses electrical and electronic equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs maintenance and repairs for electrical and electronic equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES VALVES Installs valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES ACTUATORS Installs actuators	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains actuators	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses actuators	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs actuators	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES POSITIONERS Installs positioners	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains positioners	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses positioners	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs positioners	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:
-------------------	-----------------------	------------------

INSTRUMENTATION AND CONTROL TECHNICIAN

STATUTORY 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

Job Tasks (99)	Declaration Response
CONFIGURES AND SERVICES VARIABLE SPEED DRIVES (VSD) Configures VSD	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains VSD	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses VSD	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs VSD	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES CONTROL NETWORK SYSTEMS Performs installation and configuration on control network systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses control network systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs maintenance and repairs on control network systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES SIGNAL CONVERTERS Performs installation and configuration of signal converters	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses signal converters	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs maintenance and repairs on signal converters	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES GATEWAYS, BRIDGES AND MEDIA CONVERTERS Performs installation and configuration of gateways, bridges and media converters	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses gateways, bridges and media converters	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs maintenance and repairs on gateways, bridges and media converters	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ESTABLISHES AND OPTIMIZES PROCESS CONTROL STRATEGIES Determines process control strategy	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Optimizes process control	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES STAND-ALONE CONTROLLERS (SAC) Installs SAC	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:

INSTRUMENTATION AND CONTROL TECHNICIAN

STATUTORY 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

Job Tasks (99)	Declaration Response
Configures SAC	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs maintenance, diagnostics and repairs on SAC	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES PROGRAMMABLE LOGIC CONTROLLERS (PLC) Installs PLC	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Configures PLC	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs maintenance, diagnostics and repairs on PLC	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES DISTRIBUTED CONTROL SYSTEMS (DCS) Installs DCS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Configures DCS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs maintenance, diagnostics and repairs on DCS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES HUMAN MACHINE INTERFACE (HMI) Installs HMI	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Configures HMI	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs maintenance, diagnostics and repairs on HMI	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS AND SERVICES SUPERVISORY CONTROL AND DATA ACQUISITION (SCADA) SYSTEMS Installs SCADA systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Configures SCADA systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs maintenance, diagnostics and repairs on SCADA systems	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:

**INSTRUMENTATION AND CONTROL
TECHNICIAN
STATUTORY DECLARATION
OF WORK EXPERIENCE**

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)
--------------------------------	----------------------	--------------------

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

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

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:	

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

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