

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 **7,200 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 **Certificate of Qualification in Inboard/ Outboard Mechanic, Automotive Service Technician, Motorcycle Technician, Heavy Duty Equipment Technician, Truck and Transport Mechanic, or Diesel Engine Mechanic** will be eligible to challenge this certification by documenting **4,950 hours** of directly related Marine Mechanical Technician work experience

Holders of a **Certificate of Qualification in Marine Service Technician** will be eligible to challenge this certification by documenting **6,075 hours** of directly related Marine Mechanical Technician work experience.

### 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 <b>Marine Mechanical Technician</b> Experience Accumulated in that Period:
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:
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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 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.

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### 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 (6)	Declaration Response
<b>OCCUPATIONAL SKILLS</b> Includes: Using tools and equipment; performing maintenance and inspections; and analyzing and processing information	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>HYDRAULIC STSTEMS</b> Includes: Diagnosing and repairing hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>MARINE DRIVE SYSTEMS</b> Includes: Diagnosing and repairing marine drive systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>STEERING SYSTEMS</b> Includes: Diagnosing and repairing mechanical, hydraulic and electric steering systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ELECTRICAL AND ELECTRONIC SYSTEMS</b> Includes: Diagnosing and repairing electrical and electronic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>VESSEL SYSTEMS</b> Includes: Installation, Diagnosing and repairing domestic plumbing, HVAC systems, structural components, attachments and accessories	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:
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**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)*

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

*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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