

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.

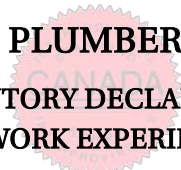
D. Statutory Declaration of Job Task Performance

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 (71) | Declaration Response |
|--|---|
| PERFORM SAFETY-RELATED FUNCTIONS | |
| Maintains safe work environment | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Use personal protective equipment (PPE) and safety equipment | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Perform lock-out and tag-out procedures | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Practice fire prevention | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| USE TOOLS AND EQUIPMENT | |
| Use common tools and equipment | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Use access equipment | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Use rigging, hoisting, lifting and positioning equipment | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

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

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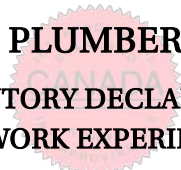
PLUMBER

**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 (71) | Declaration Response |
|---|---|
| Rig loads for cranes | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Use soldering and brazing equipment | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Use oxy-fuel cutting equipment | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Use welding equipment | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Use technical instruments and testers | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| PERFORM ROUTINE TRADE ACTIVITIES | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Use mathematics and science | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Interpret drawings and specifications | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Use codes, regulations and standards | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Use manufacturer's documentation | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Perform piping system layout | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| PREPARE PIPING AND COMPONENTS | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Prepare pipe | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Join tube, tubing and pipe | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Install pipe and fittings | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Install valves | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Penetrate structures | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| INSTALL PLUMBING FIXTURES AND APPLIANCES | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Install fixtures | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

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| Job Tasks (71) | Declaration Response |
|--|---|
| Install appliances | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Commission fixtures and appliances | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Service fixtures and appliances | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| USE COMMUNICATION TECHNIQUES Use communication techniques and mentoring techniques | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| INSTALL SEWERS AND SEWAGE TREATMENT SYSTEMS Install piping for sewers | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Install manholes and catch basins | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Test and service manholes, catch basins and piping for sewers | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Install sewage treatment system components | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Test and service sewage treatment system components | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| INSTALL DRAINAGE, WASTE AND VENT (DWV) SYSTEMS Install sanitary drainage systems | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Install storm drainage systems | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Test and service sanitary and storm drainage systems | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| INSTALL WATER SERVICES AND DISTRIBUTION SYSTEMS Install water services | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Install potable water distribution systems | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Test and service water service piping and distribution systems | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Commission water service and distribution systems | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

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| Job Tasks (71) | Declaration Response |
|--|-------------------------------|
| INSTALL CROSS CONNECTION CONTROL DEVICES AND ASSEMBLIES | Yes: <input type="checkbox"/> |
| Install and test cross connection control devices and assemblies | No: <input type="checkbox"/> |
| Service cross connection controls and assemblies | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| INSTALL PRESSURE SYSTEMS | Yes: <input type="checkbox"/> |
| Install piping for pressure systems | No: <input type="checkbox"/> |
| Install equipment for pressure systems | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Test and service pressure systems | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Commission pressure systems | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| INSTALL HYDRONIC SYSTEMS | Yes: <input type="checkbox"/> |
| Interpret heating and cooling systems | No: <input type="checkbox"/> |
| Install piping and components for hydronic systems | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Install hydronic heating and cooling systems | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Install hydronic transfer units | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Install hydronic system controls | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Test and service hydronic systems, components and controls | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Commission hydronic systems, components and controls | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| INSTALL WATER TREATMENT EQUIPMENT | Yes: <input type="checkbox"/> |
| Install and service water treatment equipment | No: <input type="checkbox"/> |
| Test and commission water treatment equipment | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |

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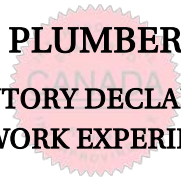
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| Job Tasks (71) | Declaration Response |
|--|-------------------------------|
| INSTALL SPECIALIZED SYSTEMS | Yes: <input type="checkbox"/> |
| Install piping for specialized systems | No: <input type="checkbox"/> |
| Install equipment and components for specialized systems | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Test and service specialized systems | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Commission specialized systems | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| APPLY ELECTRICAL CONCEPTS | Yes: <input type="checkbox"/> |
| Use the principles of electricity, use electrical wiring diagrams and schematics; interpret the Canadian Electrical Code (CEC) | No: <input type="checkbox"/> |
| Apply single phase motor theory | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Apply three phase motor theory | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Apply wiring practices | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| PLAN GAS FIRED APPLIANCE SYSTEM INSTALLATIONS | Yes: <input type="checkbox"/> |
| Size piping and tubing systems | No: <input type="checkbox"/> |
| Select regulators, valves and valve train components | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Select gas-fired appliances | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Select flame safe guards | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| Select burners | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |
| INSTALL GAS FIRED SYSTEMS | Yes: <input type="checkbox"/> |
| Install piping and tubing systems | No: <input type="checkbox"/> |
| Install regulators, valves and valve trains | Yes: <input type="checkbox"/> |
| | No: <input type="checkbox"/> |

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| Job Tasks (71) | Declaration Response |
|--------------------------------------|---|
| Install air supply systems | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Commission fuel/air delivery systems | 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) |
|--------------------------------|----------------------|--------------------|

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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