

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

customer service @ skilled trades bc.ca

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 6,000 hours performing the tasks listed in Section E, and
- experience performing at least 70% of the job tasks listed in Section E

A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, Certification Challenge and Supervision and Sign-Off Authority applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience. For more information, see Instructions for Certification Challenge or Supervision and Sign-off Authority.

Authority.	,			
The information provided on this form i	s used to assess and to validate	your work experience in this trade.		
A. Applicant Name				
Legal First Name:	Legal Middle Name(s):	Legal Last Name:		
B. Supervisor or Self-Empl	oyment Contact Info	mation		
Enter the contact information for the Supervi if you are self-employed.	sor at your previous employer wh	o is unavailable to complete an Employer Declaration, or for your own business		
Name of Organization/Employer/Business	: Supervisor Name:	Supervisor's Position/Title:		
Suite Number: Street Number and	l Name:	<u> </u>		
City:	Province:	Postal Code:		
Telephone Number:	Email Address:	Business Registration Number: (Self-Employment only)		
C. Employment or Self-Em	-			
Enter the dates and number of hours for one form, but separate periods of emplo		self-employment. Combine multiple periods of self-employment on rs on separate forms.		
Dates of Employment (MM/DD/YYYY):		Total Number Hours of Railway Car Technician Experience Accumulatin that Period:		
From: To:				
Job Title of Applicant:		•		
Enter the applicant name (repeat on eve	ery page of this form).			

Legal Last Name:

Legal First Name:

Legal Middle Name(s):

SKILLED TRADESBC

RAILWAY CAR TECHNICIAN

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D.	D. Reason for Statutory Declaration					
Indicate why a Statutory Declaration is required for this period of employment:						
	Applicant was self-employed		☐ Employer will not complete Employer Declaration			
	Employer is no longer in business	er in business — Employment records are not available				
Applicants must attempt to contact current or previous employers to request an Employer Declaration. 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.				ain an If		
E. Statutory Declaration of Job Task Performance By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you have performed the job tasks listed below during the period indicated in Section C.						
Job 7	Poeke					
	i daka				Declar Resp	
PERI	FORM OCCUPATIONAL SKILLS Use personal protective equipme components	nt, maintain saf	e work environment, paint	rail equipment and		
PERI	FORM OCCUPATIONAL SKILLS Use personal protective equipme		-	rail equipment and	Respo	onse
PERI	FORM OCCUPATIONAL SKILLS Use personal protective equipme components	pment, welding	and cutting equipment		Yes: No:	onse
PERE	FORM OCCUPATIONAL SKILLS Use personal protective equipme components Use tools, rigging and lifting equipments Bend/fit air, water and pneumation	pment, welding c pipes, perform	and cutting equipment thread cutting, use fasten	ers, adhesives, sealants,	Yes: No: Yes: No: Yes:	onse
PERE	FORM OCCUPATIONAL SKILLS Use personal protective equipme components Use tools, rigging and lifting equipments Bend/fit air, water and pneumatic lubricants, gaskets	pment, welding c pipes, perform th others, plan c	and cutting equipment thread cutting, use fastend	ers, adhesives, sealants,	Yes: No: Yes: No: Yes: No: Yes: Yes:	onse
	GORM OCCUPATIONAL SKILLS Use personal protective equipme components Use tools, rigging and lifting equipments Bend/fit air, water and pneumatic lubricants, gaskets Use computers, communicate wi	pment, welding c pipes, perform th others, plan c	and cutting equipment thread cutting, use fastend	ers, adhesives, sealants,	Yes: No: Yes: No: Yes: No: Yes: No: Yes: Yes:	



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Job Tasks				Declaration Response	
	oisting equipment, use load charts and en rate crane and boom trucks per applicable		Yes: No:		
Design/ lay out railcar parts and components for fabrication, verify fit and finish of fabricated railcar part/component					
DIAGNOSE / SERVICE UNDERFRAME SYSTEMS Diagnose and service freight-car and passenger-car wheel /axle assemblies			Yes: No:		
Inspect and/or assemble/disassem	able knuckles, yokes, draft gears and associ	ciated components	Yes: No:		
Recondition couplers, knuckles, yo	okes and other equipment		Yes: No:		
Inspect/service centre-of-car and e	end-of-car cushion units		Yes: No:		
Diagnose/service chassis and chas	sis components, centre sill, underframe t	rucks	Yes: No:		
DIAGNOSE / SERVICE BRAKE SYSTEMS			Yes:		
Diagnose and service air-brake system and components			No:		
Service air-brake system consumables			Yes: No:		
Diagnose and service hand-brake system and components			Yes: No:		
DIAGNOSE / SERVICE RAILCAR BODIES ANI	DIAGNOSE / SERVICE RAILCAR BODIES AND UNITS				
Diagnose and service freight cars: Gondola-car components; Bulkhead/ flatcar components; Intermodal components; Hopper-car components; Boxcar components; Autorack-car components; Tanker-car components; Caboose components			Yes: No:		
Diagnose and service passenger cars: Baggage-car bodies; Domed (park/skyline) - car bodies; Coach-car components; Diner-car components; Sleeper-car components			Yes: No:		
DIAGNOSE / SERVICE CLIMATE CONTROL AND PLUMBING SYSTEMS			Yes:		
Assist in removal, reinstallation and replacement of air conditioning and heating-system components			No:		
Diagnose/service caboose-heater			Yes: No:		
Enter the applicant name (repeat on every page of this form).					
Legal First Name:	egal Middle Name(s):	Legal Last Name:			



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Job Tasks				
Diagnose/service pumps, hoses and related	d components		Yes: No:	
Diagnose/service tanks and related compo	nents		Yes: No:	
YARD SYSTEMS			Yes:	
Set up and use rerailers (replacers)			No:	
Operate jacks to rerail cars			Yes: No:	
Operate crane to rerail cars			Yes: No:	
Operate railcar-movers, switches and derai	ils		Yes: No:	
	CCI responsibilities, monitor/report violation int Inspection Procedure to identify defects a		Yes: No:	
F. Confirmation of Prerequisite Credent For some trades, evidence that the applicant has earned p to challenge certification or receive Supervision and Sign- credentials. There are no prerequisite credentials or certificates for thi G. Applicant Signature I certify that the information I have provided is accurate. (accordance with the provisions of the Freedom of Information I have provided is accurate.) Applicant Name (please print): Applicant Name (please print):	orerequisite credentials or certificates is required be-Off Authority. For those trades, you must prove you is trade. (Note: Collection and protection of personal infor	ou have the require	d prereq	
H. References				
References must accompany all Statutory Declarations. In	nclude with your completed Statutory Declaration	the names and con	tact	

Legal Last Name:

Legal First Name:

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

information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one),

former employees (maximum one), contractors, or regular, long-term clients (maximum one).

Legal Middle Name(s):



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

Legal First Name of Ref	ference:			
Position/Title:				
Reference Cell Number	r:			
Email Address:				
<u> </u>				
Legal First Name of Ref	ference:			
Position/Title:				
Reference Cell Number	r:			
Email Address:	Email Address:			
Legal First Name of Ref	ference:			
Position/Title:	Position/Title:			
Reference Cell Number	r:			
Email Address:				
Enter the applicant name (repeat on every page of this form).				
Legal Middle Name(s):	Legal Last Name:			
	Position/Title: Reference Cell Number Email Address: Legal First Name of Reservations and the second sec			