

# SAW FILER

## EMPLOYER 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

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 **6,300 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

**Note:** An Employer Declaration of Work Experience form must be completed by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

### A. Applicant Name

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### B. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

Name of Organization/Employer/Business:			
First and Last Name of Applicant's Direct Supervisor:		Supervisor Position or Title:	
Suite Number:	Street Number and Name:		
City:	Province:	Postal Code:	
Business Number: (     )	Mobile Phone Number: (     )	Supervisor E-Mail Address:	

### C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of <b>Saw Filer</b> Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

*Enter the Supervisor and Applicant names from Page 1 on every page of this form*

Supervisor First and Last Name:	Applicant First and Last Name:
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### D. Supervisor Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declaration Response
<b>Safety</b> Including: WorksafeBC regulations, safety procedures, handling saws and knives.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Trade Math</b> Including: Use of measuring tools and equipment, application of formulae.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Saw Basics</b> Including: Saw tooth inspection, swager and swaging, shaper and shaping, tooth alignment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Band Saws</b> Including: Fitting, sharpening and handling, kerf requirements, grinding, maintenance of grinder.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Circular Saws</b> Including: Inspection of saws, plumbing & leveling, tensioning for RPM & feed speed. Sharpening of solid tooth, carbide and satellite. PM of grinding equipment, use of correct grinding wheel.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Grinding Wheels</b> Including: Safe handling and storage, operating speed calculation, shaping and dressing, mounting.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Knives</b> Including: Angles, sharpening, babbitting and balancing, troubleshooting.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Saw Welding</b> Including: Portable Oxy-Acetylene units, tool and equipment selection, adjusting flame types, crack and tooth welding, MIG equipment, welding saw plate.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Saw Chains</b> Including: Calculate gauge and pitch, inspection and repair, setup and sharpening, wheel profile.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Saw Guides</b> Including: Maintenance, guide types.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Shearboards, Scrapers, Cooling Systems and Hydraulics</b> Including: Types of shearboards, maintenance of shearboards, types of scrapers, maintenance of scrapers. Saw lubricants, application and maintenance of lubrication systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Tension, Level and Bench Saws</b> Including: Applications to bandsaws and circular saws.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Planning and Organizing Work Activities</b> Including: Creating and interpreting technical documents, shutdown procedures, project work.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks	Declaration Response
<b>Saw Filing Room Machines</b> Including: Bench setup and maintenance, circular saw stretcher, grinder operation and maintenance, guide equipment maintenance.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Circular Saw Machines</b> Including: Head rig alignment and maintenance, optimizing systems, align gang saws and edgers, align chip canter, align cut-off, trim, and slasher saws, laser alignment, troubleshooting.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

### E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.

I have verified that the applicant has attained all the prerequisite credentials or certification required to be considered eligible to challenge or receive Supervision and Sign-Off Authority in this trade.

There are no prerequisite credentials or certificates for this trade.

### F. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, 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.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

*Enter the Supervisor and Applicant names from Page 1 on every page of this form*

Supervisor First and Last Name:	Applicant First and Last Name: