

Applicant Name

SAW FILER

STATUTORY DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service 800 – 8100 Granville Ave. Richmond, BC V6Y 3T6

customerservice@skilledtradesbc.ca

Tel: 778-328-8700 Fax: 778-328-8701 Toll Free: 1-866-660-6011

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 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.

The information provided on this form is used to assess and to validate your work experience in this trade.

T 177 . 37		T 130111 37 ()		T 17 . 37	
Legal First Name:		Legal Middle Name(s):		Legal Last Name:	
B. Supervisor or Se	elf-Employ	ment Contact Inforr	mation		
Enter the contact information your own business if you are s		isor at your previous emplo	oyer who is unavailable	to complete an Employer Declaration, or for	
Name of Organization/Employer/Business:		Supervisor Name:		Supervisor's Position/Title:	
Suite Number: Street	Number and Na	me:			
City:		Province:		Postal Code:	
Celephone Number:		Email Address:		Business Registration Number: (Self-Employment only)	
	of hours for this		elf-employment. Com	bine multiple periods of self-employment on	
Dates of Employment (MM/DD/	YYYY):		Total Number Hours of	f Saw Filer Experience Accumulated in that Period:	
From: To:					
Job Title of Applicant:			I		
Enter the applicant name (rep	peat on every p	age of this form).			
Legal First Name: Legal M		Legal Middle Name(s):		Legal Last Name:	



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D.	D. Reason for Statutory Declaration					
Indica	Indicate why a Statutory Declaration is required for this period of employment:					
	Applicant was self-employed	pplicant was self-employed Employer will not complete Employer Declaration				
	Employer is no longer 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.						
	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. Cross out any job tasks you did not perform during the period indicated in Section C.					
Job T	'ackc				Decla	ration
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Safet		y procedures, ha	ndling saws and knives.			
Safet Inclu	у				Resp Yes:	onse
Safet Inclu Trad Inclu	y ding: WorksafeBC regulations, safety e Math	uipment, applica	ation of formulae.	nment.	Resp Yes: No: Yes:	onse
Safet Inclu Trad Inclu Saw I Inclu	y ding: WorksafeBC regulations, safety e Math ding: Use of measuring tools and equ Basics ding: Saw tooth inspection, swager a	uipment, applica	ntion of formulae. per and shaping, tooth alig		Yes: No: Yes: No: Yes:	onse
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Job Tasks				Declar Resp		
Saw Welding Including: Portable Oxy-Acetylene units, tool and equipment selection, adjusting flame types, crack and tooth welding, MIG equipment, welding saw plate.						
Saw Chains Including: Calculate gauge and pitch, inspection and repair, setup and sharpening, wheel profile.						
Saw Guides Including: Maintenance, guide types.						
Shearboards, Scrapers, Cooling Systems and Hydraulics Including: Types of shearboards, maintenance of shearboards, types of scrapers, maintenance of scrapers. Saw lubricants, application and maintenance of lubrication systems.						
Tension, Level and Bench Saws Including: Applications to bandsaws and circular saws.						
Planning and Organizing Work Activities Including: Creating and interpreting technical documents, shutdown procedures, project work.						
Saw Filing Room Machines Including: Bench setup and maintenance, circular saw stretcher, grinder operation and maintenance, guide equipment maintenance.						
Circular Saw Machines 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.						
F. 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, you must prove you have the required prerequisite credentials.						
There are no prerequisite credentials or certificates for this trade.						
G. 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/YY	YY)		
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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H. References

References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact 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).

Each individual listed will be contacted by the Industry Training Organization (ITO) responsible for this trade or SkilledTradesBC to verify the information provided on your application.

1. Reference

Legal Last Name of Reference:		Legal First Name of Re	ference:		
Organization/Business Name:		Position/Title:			
Business Phone Number:		Reference Cell Number:			
Relationship to Applicant:		Email Address:			
2. Reference					
Legal Last Name of Reference:		Legal First Name of Re	ference:		
Organization/Business Name:		Position/Title:			
Business Phone Number:		Reference Cell Number:			
Relationship to Applicant:		Email Address:			
3. Reference					
Legal Last Name of Reference:		Legal First Name of Re	ference:		
Organization/Business Name:		Position/Title:			
Business Phone Number:		Reference Cell Number:			
Relationship to Applicant:		Email Address:			
		1			
Enter the applicant name (repeat on every page of this form).					
Legal First Name:	Legal Middle Name(s):		Legal Last Name:		