



# SAW FILER

## 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

### D. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- |  |  |
|--|--|
| <input type="checkbox"/> Applicant was self-employed       | <input type="checkbox"/> Employer will not complete Employer Declaration |
| <input type="checkbox"/> Employer is no longer in business | <input type="checkbox"/> 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.

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### 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 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, babbiting and balancing, troubleshooting.	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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Job Tasks	Declaration Response
<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"/>
<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"/>

### 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/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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### 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 Reference:
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 Reference:
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 Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	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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