

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 to be 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 (40)	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS	Yes: <input type="checkbox"/>
Maintains safe work environment	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"/>
Use fire extinguishers	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
USE TOOLS AND EQUIPMENT	Yes: <input type="checkbox"/>
Use common tools and equipment	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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**SPRINKLER FITTER
STATUTORY DECLARATION
OF WORK EXPERIENCE**

Job Tasks (40)	Declaration Response
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"/>
Use soldering and brazing equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM ROUTINE TRADE ACTIVITIES	
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"/>
INSTALL PIPING AND COMPONENTS	
Prepare pipe and tubing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Join tube, tubing and pipe	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install pipe and tubing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install valves	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install fittings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install piping components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL WATER-BASED SYSTEMS	
Install wet pipe systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install dry pipe systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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**SPRINKLER FITTER
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Job Tasks (40)	Declaration Response
Install antifreeze systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install preaction/deluge systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install standpipe systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install foam systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install water mist and hybrid systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE COMMUNICATION TECHNIQUES Use communication and mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL WATER SUPPLY Install underground water supply	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install fire department connections	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install fire pumps units	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install private water systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install and test cross connection control components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALL FIRE SUPPRESSION SYSTEMS AND DEVICES Install detection systems and devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install alarm-initiating devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install dry and wet chemical, clean agent and carbon dioxide systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install portable extinguishers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install spark detection systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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**SPRINKLER FITTER
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Job Tasks (40)	Declaration Response
COMMISSION AND MAINTAIN SYSTEMS Commission systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect and test fire protection systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain and repair fire protection 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)
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**SPRINKLER FITTER
STATUTORY DECLARATION
OF WORK EXPERIENCE**

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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