

WELL PUMP INSTALLER

STATUTORY DECLARATION OF WORK EXPERIENCE

To qualify to challenge certification in this trade, you must:

- Have worked a minimum of **4,860 hours** performing some or all of the job tasks listed in Section E of this form, and
- Have experience performing at least **70%** of those tasks

4,370 documented hours of directly related work experience for holders of a Certificated of Qualification in Geotechnical/Environmental Driller will be required to challenge the Certificate of Qualification Examination.

3,880 documented hours of directly related work experience for holders of a Certificated of Qualification in Geoexchange Driller will be required to challenge the Certificate of Qualification Examination.

2,920 documented hours of directly related work experience for holders of a Certificated of Qualification in Water Well Driller will be required to challenge the Certificate of Qualification Examination.

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, your application to challenge certification will not be accepted if it is 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**.

The information provided on this form is 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:
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B. Supervisor or Self-Employment Contact Information

Enter the contact information for the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

Name of Organization/Employer/Business:		Supervisor Name:	Supervisor's Position/Title:
Suite Number:	Street Number and Name:		
City:	Province:	Postal Code:	
Telephone Number: ()	Email Address:	Business Registration Number: (Self-Employment only)	

C. Employment or Self-Employment Information of Applicant

Enter the dates and number of hours for this period of employment or self-employment. Combine multiple periods of self-employment on one form, but separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY): From: To:	Total Number Hours of Well Pump Installer Experience Accumulated in that Period:
Job Title of Applicant:	

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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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
- 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 Tasks	Declaration Response
Industry Overview and Professional Work Practices Including: Describe the scope of the trade in B.C., describe the B.C. Certification System, describe professional work practices, and apply trade math.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Workplace Safety Including: Describe common safety hazards associated with the trade, use safety equipment and procedures when dealing with hazards, use the WHMIS System to practice safe care and control of hazardous products, recognize and describe hazards to the environment associated with the trade, recognize and comply with WorkSafeBC Regulations, recognize and comply with the B.C. Wellhead Protection Regulations, recognize and comply with the B.C. Safety Authority Electrical Regulations, state the safety considerations when working in close proximity to a well head.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Well Drilling Methods Including: Describe the different types of well drilling systems applicable to the trade, use well drilling methods as applicable to the trade.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Geology Including: Identify various rock types and the processes that form them, describe various soil types found in B.C., use proper terminology to describe geological formations as it applies to the trade.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Ground Water Including: Describe the Hydrologic Cycle (Water Cycle), use proper terminology to describe various subsurface zones, use proper terminology to describe ground water formations, describe different sources of water, define appropriate terms and abbreviations used to report on lithology.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Aquifer Potential Including: Explain ground water flow as it pertains to various formations, recognize hydraulic properties of bedrock and overburden (soil) aquifers, describe the different types of aquifer tests and the equipment necessary, perform various aquifer tests, record the readings and interpret the results, use technologies for data acquisition, describe the use of monitoring wells for data collection.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

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Job Tasks	Declaration Response
Ground Water Quality Including: Interpret detailed chemistry reports, use proper techniques for acquiring water samples, use proper methods of disinfection, identify ground water treatment required for common concerns.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Pumping System Including: Describe different types of shallow and deep well pumps, describe equipment requirements for different pump types, determine the appropriate electrical wire size for pump installation, describe the types and sizes of pressure tanks, select pump type according to application and sizing, determine the Total Dynamic Head for a well pumping system, design and install a water pumping system for a well site.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Pumping System Electricals Including: Recognize electrical circuits, use lockout/tag out procedures, use a voltmeter, ampmeter, ohmmeter and megohmmeter, use methods for wiring motor controls, use procedures for protecting and burying underground cables, install a waterproof splice on a submersible pump motor lead in accordance with the electrical code, identify the requirements for an electrical disconnect on a pump system, complete a control box installation, complete a system ground for a pump installation, perform electrical tests as required on pumping systems, describe power supply alternatives for electric motor pumps.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Pumping System Troubleshooting and Repair Including: Perform pump system tests to identify problems, repair pump systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Water Well Systems Including: Describe the characteristics of well aquifer, describe various water well components, describe various in-well pump components, describe pump control systems and components, use various methods and equipment for well head completion.	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. For those trades, you must prove you have the required prerequisite credentials. Prerequisite credentials for this trade are listed below.

- 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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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

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 BC Ground Water Association (BCGWA) 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).

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