

GASFITTER CLASS A STATUTORY DECLARATION OF WORK EXPERIENCE

This form is used to declare work experience for periods during which you were self-employed or a previous employer will not complete an Employer Declaration.

Note: *Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. For more information, see Instructions for Certification Challenge.*

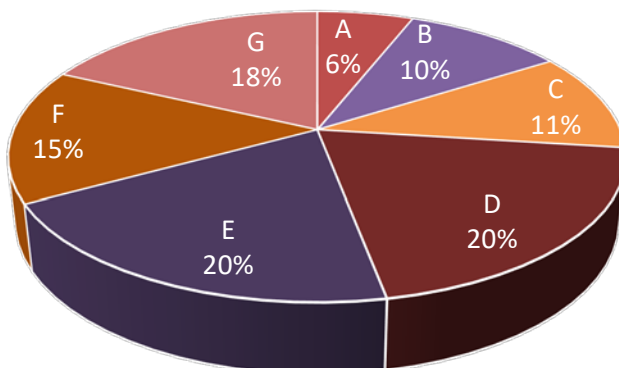
To qualify to challenge certification in this trade, individuals must have:

- **Technical Safety BC (formerly BCSA) Gasfitter Class A Certificate of Qualification – (attach copy of document)**
- worked a minimum of **4,500 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Red Seal Exam Weighting

This pie chart represents the distribution of questions on the Red Seal Exam. Section D of this form shows the Tasks and Sub-tasks within each Major Work Activity and the number of questions assigned to each Major Work Activity and Task.

The Red Seal Exam for this trade has **100 questions**.



	Major Work Activity / Exam Section	Exam Weightage	Number of Questions in Exam
A	Common Occupational Skills	6%	6
B	Gas piping preparation and assembly	10%	10
C	Venting and air supply systems	11%	11
D	Controls and electrical systems	20%	20
E	Installation of systems and equipment	20%	20
F	Testing and commissioning of gas-fired systems	15%	15
G	Servicing gas-fired systems	18%	18

GASFITTER CLASS A
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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

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)	
Mailing Address:			City:
Province/ State:	Country:	Postal Code/ Zip Code:	
Business Phone Number: ()	Email Address:	Website:	

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

Dates of Employment (MM/DD/YYYY):		Total Number Hours of Gasfitter Class A Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

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

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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	Number of questions on the Red Seal exam	DECLARATION RESPONSE
A – COMMON OCCUPATIONAL SKILLS (6%)		
Task-1 Performs safety-related functions - Uses personal protective equipment (PPE) and safety equipment. - Maintains safe work environment.	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-2 Maintains and uses tools and equipment - Maintains hand, power and powder-actuated tools. - Uses technical instruments and testers. - Uses access equipment. - Operates lifting, rigging and hoisting equipment.	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-3 Plans and prepares for installation, service and maintenance - Interprets drawings and codes.	3	<input type="checkbox"/> Yes <input type="checkbox"/> No

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JOB TASKS	Number of questions on the Red Seal exam	DECLARATION RESPONSE
<ul style="list-style-type: none"> - Selects systems, equipment and components. - Organizes work. 		
B – GAS PIPING PREPARATION AND ASSEMBLY (10%)		
Task-4 Fits tube and tubing for gas piping systems <ul style="list-style-type: none"> - Prepares tube and tubing for fitting. - Bends tube and tubing for gas piping systems. - Connects tube and tubing for gas piping systems. 	3	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-5 Fits plastic pipe for gas piping systems <ul style="list-style-type: none"> - Prepares plastic pipe for fitting. - Connects plastic pipe for gas piping systems. 	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-6 Fits steel pipe for gas piping systems <ul style="list-style-type: none"> - Prepares steel pipe for fitting. - Connects steel pipe for gas piping systems. 	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
C – VENTING AND AIR SUPPLY SYSTEMS (11%)		
Task-7 Installs venting <ul style="list-style-type: none"> - Lays out venting. - Prepares venting material for assembly. - Connects material for venting. 	5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-8 Installs air supply system <ul style="list-style-type: none"> - Lays out air supply system. - Connects air supply systems. 	4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-9 Installs draft control systems <ul style="list-style-type: none"> - Installs natural draft control systems. - Installs mechanical draft control systems. 	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
D – CONTROLS AND ELECTRICAL SYSTEMS (20%)		
Task-10 Selects and installs electronic components <ul style="list-style-type: none"> - Performs selection and installation of combustion controls. - Performs selection and installation of flame safeguards. - Performs selection and installation of safety and operating controls. 	7	<input type="checkbox"/> Yes <input type="checkbox"/> No

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JOB TASKS	Number of questions on the Red Seal exam	DECLARATION RESPONSE
Task-11 Selects and installs electrical components - Selects electrical components. - Performs assembly and connection of electrical components.	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-12 Installs automation and instrumentation control systems - Performs selection of automation and instrumentation control systems. - Performs assembly and connection of automation and instrumentation control systems.	6	<input type="checkbox"/> Yes <input type="checkbox"/> No
E – INSTALLATION OF SYSTEMS AND EQUIPMENT (20%)		
Task-13 Installs gas-fired system piping and equipment - Installs gas-fired equipment. - Installs gas piping systems. - Connects gas supply to equipment. - Connects equipment to energy distribution systems.	8	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-14 Installs gas-fired system components - Installs valve trains. - Installs accessories.	8	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-15 Installs propane storage and handling systems - Installs propane storage systems. - Installs propane-handling systems.	4	<input type="checkbox"/> Yes <input type="checkbox"/> No
F – TESTING AND COMMISSIONING OF GAS-FIRED SYSTEMS (15%)		
Task-16 Tests gas-fired systems - Tests gas piping systems. - Performs start-up procedures.	8	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-17 Commissions gas-fired systems - Performs testing, adjusting and balancing procedures. - Completes commissioning report and handover.	7	<input type="checkbox"/> Yes <input type="checkbox"/> No
G – SERVICING GAS-FIRED SYSTEMS (18%)		
Task-18 Maintains gas-fired systems - Inspects system components and operation. - Performs maintenance activities.	7	<input type="checkbox"/> Yes <input type="checkbox"/> No

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JOB TASKS	Number of questions on the Red Seal exam	DECLARATION RESPONSE
Task-19 Repairs gas-fired systems - Diagnoses gas-fired equipment and components. - Selects replacement components. - Replaces components. - Verifies operation.	8	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-20 Decommissions gas-fired systems - Disconnects appliances and accessories. - Removes gas-fired systems and components.	3	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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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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