

**GASFITTER - CLASS B
STATUTORY DECLARATION
OF WORK EXPERIENCE**

JOB TASKS (50)	DECLARATION RESPONSE	
Task-3 Plans and prepares for installation, service and maintenance		
Interprets drawings and codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects systems, equipment and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GAS PIPING PREPARATION AND ASSEMBLY		
Task-4 Fits tube and tubing for gas piping systems		
Prepares tube and tubing for fitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bends tube and tubing for gas piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects tube and tubing for gas piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-5 Fits plastic pipe for gas piping systems		
Prepares plastic pipe for fitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects plastic pipe for gas piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-6 Fits steel pipe for gas piping systems		
Prepares steel pipe for fitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects steel pipe for gas piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VENTING AND AIR SUPPLY SYSTEMS		
Task-7 Installs venting		
Lays out venting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares venting material for assembly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects material for venting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-8 Installs air supply system		
Lays out air supply system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects air supply systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-9 Installs draft control systems		
Installs natural draft control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs mechanical draft control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CONTROLS AND ELECTRICAL SYSTEMS		
Task-10 Selects and installs electronic components		

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

**GASFITTER - CLASS B
STATUTORY DECLARATION
OF WORK EXPERIENCE**

JOB TASKS (50)	DECLARATION RESPONSE	
Performs selection and installation of combustion controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs selection and installation of flame safeguards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs selection and installation of safety and operating controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-11 Selects and installs electrical components		
Selects electrical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs assembly and connection of electrical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-12 Installs automation and instrumentation control systems		
Performs selection of automation and instrumentation control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs assembly and connection of automation and instrumentation control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
INSTALLATION OF SYSTEMS AND EQUIPMENT		
Task-13 Installs gas-fired system piping and equipment		
Installs gas-fired equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs gas piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects gas supply to equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects equipment to energy distribution systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-14 Installs gas-fired system components		
Installs valve trains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-15 Installs propane storage and handling systems		
Installs propane storage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs propane handling systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TESTING AND COMMISSIONING OF GAS FIRED SYSTEMS		
Task-16 Tests gas-fired systems		
Tests gas piping systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs start-up procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-17 Commissions gas-fired systems		
Performs testing, adjusting and balancing procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completes commissioning report and handover	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

**GASFITTER - CLASS B
STATUTORY DECLARATION
OF WORK EXPERIENCE**

JOB TASKS (50)	DECLARATION RESPONSE	
SERVICING GAS FIRED SYSTEMS		
Task-18 Maintains gas-fired systems		
Inspects system components and operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs maintenance activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-19 Repairs gas-fired systems		
Diagnoses gas-fired equipment and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects replacement components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Replaces components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verifies operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-20 Decommissions gas-fired systems		
Disconnects appliances and accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes gas-fired systems and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No

E. Applicant Signature

I certify that the information I have provided is true and 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)
--------------------------------	----------------------	--------------------

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

GASFITTER - CLASS B
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:	

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------