

GASFITTER CLASS A 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

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.**

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 (48)	DECLARATION RESPONSE	
COMMON OCCUPATIONAL SKILLS		
Performs Safety-Related Functions		
Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains And Uses Tools And Equipment		
Maintains hand, power and powder-actuated tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses technical instruments and testers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses access equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
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JOB TASKS (48)	DECLARATION RESPONSE	
Operates lifting, rigging and hoisting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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		
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
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
Fits Steel Pipe For Gas Piping Systems		
Prepares steel 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
VENTING AND AIR SUPPLY SYSTEMS		
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
Installs Air supply Systems		
Lays out air supply systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connects air supply systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs Draft Controls 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

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JOB TASKS (48)	DECLARATION RESPONSE	
CONTROL AND ELECTRICAL SYSTEMS		
Selects And Installs Electronic Components		
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
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
INSTALLATION OF SYSTEMS AND EQUIPMENT		
Installs Gas-Fired Systems 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
Installs Gas-Fired Systems Components		
Installs valve trains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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		
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
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

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JOB TASKS (48)	DECLARATION RESPONSE	
SERVICING GAS-FIRED SYSTEMS		
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
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
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)
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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; Bookkeeper; 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; Bookkeeper; 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; Bookkeeper; 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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