

### 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

Legal Last Name:

customerservice@skilledtradesbc.ca

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.

"Gasfitters – Class A" design, install, test, adjust, maintain and repair lines, appliances, equipment and accessories in various sectors. Fuels may include natural gas, manufactured gas, liquefied petroleum gas, digester gas, landfill gas, biogas or a mixture or dilution of any of these gases and Hydrogen and fuel oils. Appliances and equipment include those exceeding 400 000 Btuh (British Thermal Units per hour) or 120 kW (kilowatts) such as boilers, burners, makeup air units, furnaces, process burners, and various other gas-fired equipment.

To qualify to challenge certification in this trade or be granted authority to supervise, individuals must have:

- worked a minimum of 4,500 hours performing the tasks listed in Section D,
- experience performing at least **70%** of the job tasks listed in Section D, and
- hold one of the following certifications:
  - o Technical Safety BC Gasfitter Class B Certificate of Qualification (CofQ) (attach copy of document)
  - o SkilledTradesBC Gasfitter Class B CofQ (attach copy of document)
  - o Gasfitter Class B Red Seal Endorsement (attach copy of document)

Self-Employment or Employment Information of Applicant

o Gasfitter Class B CofQ from another Canadian jurisdiction - (attach copy of document)

Legal Middle Name(s):

Holders of **Technical Safety BC Gasfitter Class A CofQ**, or holders of **Gasfitter Class A CofQ from another Canadian jurisdiction** will be eligible to challenge this certification by submitting an <a href="Exam Application Form"><u>Exam Application Form</u></a> along with a copy of the certificate.

### A. Applicant Name

Legal First Name:

В.

Enter the contact information for your of Declaration.	wn business if you are self-emp	oloyed or your pre	evious emp	loyer who will not complete an Employer	
Name of Organization/Employer/Busi	Business Registration Number: (Self-Employment only)				
Business Address (Street Name/Numb	er, Building/Unit Number):			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): From: To:		Total Number I in Period:	Hours of <b>G</b>	<b>asfitter Class A</b> Experience Accumulated	

Job Title of Applicant:



**Reason for Statutory Declaration** 

### **GASFITTER CLASS A**

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Indicate why a Statutory Declaration is required for this period of employment:		
Applicant was self-employed Employer will/can not complete	Employer Declaration	
Applicants <b>must</b> attempt to contact current or previous employers to request an Employer Declaration	on to be filled out and sig	gned.
If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed you have taken to try to obtain it.	d work experience, <b>indic</b>	cate the steps
D. Ctatutamy Declaration of Joh Took Denformance		
D. Statutory Declaration of Job Task Performance  By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performe period indicated in Section B.	d the job tasks listed bel	ow during the
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performe	DECLA	ow during the  RATION  ONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performe period indicated in Section B.	DECLA	RATION
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performe period indicated in Section B.  JOB TASKS (48)	DECLA	RATION
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performe period indicated in Section B.  JOB TASKS (48)  COMMON OCCUPATIONAL SKILLS	DECLA	RATION
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performe period indicated in Section B.  JOB TASKS (48)  COMMON OCCUPATIONAL SKILLS  Performs Safety-Related Functions  Uses personal protective equipment (PPE) and safety equipment  Maintains safe work environment	DECLA RESP	RATION PONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performe period indicated in Section B.  JOB TASKS (48)  COMMON OCCUPATIONAL SKILLS  Performs Safety-Related Functions  Uses personal protective equipment (PPE) and safety equipment	DECLA RESP	RATION PONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performe period indicated in Section B.  JOB TASKS (48)  COMMON OCCUPATIONAL SKILLS  Performs Safety-Related Functions  Uses personal protective equipment (PPE) and safety equipment  Maintains safe work environment	DECLA RESP	RATION PONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performe period indicated in Section B.  JOB TASKS (48)  COMMON OCCUPATIONAL SKILLS  Performs Safety-Related Functions  Uses personal protective equipment (PPE) and safety equipment  Maintains safe work environment  Maintains And Uses Tools And Equipment	DECLA RESP	RATION PONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performe period indicated in Section B.  JOB TASKS (48)  COMMON OCCUPATIONAL SKILLS  Performs Safety-Related Functions  Uses personal protective equipment (PPE) and safety equipment  Maintains safe work environment  Maintains And Uses Tools And Equipment  Maintains hand, power and powder-actuated tools	DECLA RESP	RATION PONSE  No No No
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performe period indicated in Section B.  JOB TASKS (48)  COMMON OCCUPATIONAL SKILLS  Performs Safety-Related Functions  Uses personal protective equipment (PPE) and safety equipment  Maintains safe work environment  Maintains And Uses Tools And Equipment  Maintains hand, power and powder-actuated tools  Uses technical instruments and testers	DECLA RESP	RATION PONSE  No No No No



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JOB TASKS (48)		DECLARATION RESPONSE	
Operates lifting, rigging and hoisting equipment	☐ Yes	☐ No	
Plans And Prepares For Installation, Service And Maintenance			
Interprets drawings and codes	☐ Yes	☐ No	
Selects systems, equipment and components	☐ Yes	☐ No	
Organizes work	☐ Yes	☐ No	
GAS PIPING PREPARATION AND ASSEMBLY			
Fits Tube And Tubing For Gas Piping Systems			
Prepares tube and tubing for fitting	☐ Yes	☐ No	
Bends tube and tubing for gas piping systems	☐ Yes	☐ No	
Connects tube and tubing for gas piping systems	☐ Yes	☐ No	
Fits Plastic Pipe For Gas Piping Systems			
Prepares plastic pipe for fitting	☐ Yes	☐ No	
Connects plastic pipe for gas piping systems	☐ Yes	☐ No	
Fits Steel Pipe For Gas Piping Systems			
Prepares steel pipe for fitting	☐ Yes	☐ No	
Connects plastic pipe for gas piping systems	☐ Yes	☐ No	
VENTING AND AIR SUPPLY SYSTEMS			
Installs Venting			
Lays out venting	Yes	☐ No	
Prepares venting material for assembly	☐ Yes	☐ No	
Connects material for venting	☐ Yes	☐ No	
Installs Air supply Systems			
Lays out air supply systems	Yes	☐ No	
Connects air supply systems	☐ Yes	☐ No	
Installs Draft Controls Systems			
Installs natural draft control systems	☐ Yes	☐ No	
Installs mechanical draft control systems	☐ Yes	☐ 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 Init	ials:	



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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	☐ Yes	☐ No	
Performs selection and installation of flame safeguards	☐ Yes	☐ No	
Performs selection and installation of safety and operating controls	☐ Yes	☐ No	
Selects And Installs Electrical Components			
Selects electrical components	Yes	☐ No	
Performs assembly and connection of electrical components	Yes	☐ No	
INSTALLATION OF SYSTEMS AND EQUIPMENT			
Installs Gas-Fired Systems Piping And Equipment			
Installs gas-fired equipment	☐ Yes	☐ No	
Installs gas piping systems	☐ Yes	☐ No	
Connects gas supply to equipment	☐ Yes	☐ No	
Connects equipment to energy distribution systems	☐ Yes	☐ No	
Installs Gas-Fired Systems Components			
Installs valve trains	☐ Yes	☐ No	
Installs accessories	☐ Yes	☐ No	
Installs Propane Storage And Handling Systems			
Installs propane storage systems	☐ Yes	☐ No	
Installs propane-handling systems	☐ Yes	☐ No	
TESTING AND COMMISSIONING OF GAS-FIRED SYSTEMS			
Tests Gas-Fired Systems			
Tests gas piping systems	☐ Yes	☐ No	
Performs start-up procedures	☐ Yes	☐ No	
Commissions Gas-Fired Systems			
Performs testing, adjusting and balancing procedures	☐ Yes	☐ No	
Completes commissioning report and handover	Yes	☐ 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	Applicant's Init	ials:	
accurate.			



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	JOB TASKS (48)		DECLARATION RESPONSE	
SERVICING GAS-FIRED SYSTEMS				
Maintains Gas-Fired Systems				
Inspects system components and opera	ition	☐ Ye	s 🔲 No	
Performs maintenance activities		☐ Ye	s 🔲 No	
Repairs Gas-Fired Systems				
Diagnoses gas-fired equipment and cor	nponents	☐ Ye	s No	
Selects replacement components		☐ Ye	s No	
Replaces components		☐ Ye	s No	
Verifies operation		— ⊢ ☐ Ye	s No	
Decommissions Gas-Fired System	ns			
Disconnects appliances and accessories	s	☐ Ye	s No	
Removes gas-fired systems and compor	nents	☐ Ye		
I certify that the information I have provided i	is true and accurate. (Note: Collection and prot m of Information and Protection of Privacy Act.)		tion on this form is ir	
certify that the information I have provided i				
certify that the information I have provided incordance with the provisions of the Freedo	m of Information and Protection of Privacy Act.)			
certify that the information I have provided incordance with the provisions of the Freedo	m of Information and Protection of Privacy Act.)			
certify that the information I have provided in accordance with the provisions of the Freedo	m of Information and Protection of Privacy Act.)			

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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:	loyee	ontractor	Supplier	
Co-worker	☐ Cl	ient	Other (i.e. HR; Boo Partner) please specify:	okkeeper; Accountant, Business :
First and Last Name of Reference:	Language(s) that refere	ence can communica	te: (Check all that a	pply)
	☐ English		Other (speci	fy):
Organization/Business Name:	,	Position/Title:		
Phone Number:		Email Address:		
2. Reference				
Relationship to Applicant:	loyee 🔲 Co	ontractor	Supplier	
☐ Co-worker	☐ Cl		Other (i.e. HR; Boo Partner) please specify:	okkeeper; Accountant, Business :
First and Last Name of Reference:	Language(s) that refere	ence can communica	te: (Check all that a	pply)
	☐ English		Other (specif	y):
Organization/Business Name:		Position/Title:		
Phone Number:		Email Address:		
3. Reference				
Relationship to Applicant:	loyee	ontractor	Supplier	
☐ Co-worker	☐ Cl		Other (i.e. HR; Boo Partner) please specify:	okkeeper; Accountant, Business :
First and Last Name of Reference:	Language(s) that refere	ence can communica	te: (Check all that a	pply)
	☐ English		Other (spec	ify):
Organization/Business Name:		Position/Title:		
Phone Number:		Email Address:		
Enter the applicant's initials on every page of the large		n I am providing	is true and	Applicant's Initials:
accurate.	<u> </u>	, .9		