



BENCHPERSON

STATUTORY DECLARATION OF WORK EXPERIENCE

ITA 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@itabc.ca

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.

Bench Person Endorsement

Job Tasks	Declaration Response
Trade Math <i>Including:</i> Calculate strain.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Band Saws <i>Including:</i> Troubleshooting, leveling and tensioning, proper tension gauge for type of band, bandmill alignment and maintenance.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Welding <i>Including:</i> Butt weld saws.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Shearboards, Scrapers, Cooling Systems and Hydraulics <i>Including:</i> Hydraulic systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tension, Level and Bench Saws <i>Including:</i> Band saw applications, tension requirements, maintenance and repair, heat tension.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Filing Room Machines <i>Including:</i> Setup and maintenance of band saw bench, filing room machines and equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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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Job Tasks	Declaration Response
Band Mills <i>Including:</i> Alignment, maintenance, inspections, grinding of band wheels and crowning of wheels. Alignment of carriage and track. Alignment of infeed and outfeed rolls.	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, a current or previous employer must verify that the applicant has the required prerequisite credentials. Prerequisite credentials for this trade are listed below.

I have verified that the applicant has attained all the prerequisite credentials or certification required to be considered eligible to challenge.

Either:

- | | |
|--|--|
| <input type="checkbox"/> Saw Filer BC Certificate of Qualification
or
<input type="checkbox"/> LMI Circular Sawfiler Certificate of Qualification | <input type="checkbox"/> Copy of certificate attached

<input type="checkbox"/> Copy of certificate attached |
|--|--|

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)

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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I. 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 Industry Training Organization (ITO) responsible for this trade or ITA 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).

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