



SAW FILER 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

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **6,300 hours** performing the tasks listed in Section E, and
- experience performing at least **70%** of the job tasks listed in Section E

A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, Certification Challenge and Supervision and Sign-Off Authority applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience. For more information, see **Instructions for Certification Challenge or Supervision and Sign-off Authority**.

The information provided on this form is used to assess and to validate your work experience in this trade.

A. Applicant Name

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

Enter the contact information for the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

Name of Organization/Employer/Business:		Supervisor Name:	Supervisor's Position/Title:
Suite Number:	Street Number and Name:		
City:	Province:	Postal Code:	
Telephone Number: ()	Email Address:	Business Registration Number: (Self-Employment only)	

C. Employment or Self-Employment Information of Applicant

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

Dates of Employment (MM/DD/YYYY): From: _____ To: _____	Total Number Hours of Saw Filer Experience Accumulated in that Period:
Job Title of Applicant:	



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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.

Job Tasks	Declaration Response
Safety <i>Including:</i> WorksafeBC regulations, safety procedures, handling saws and knives.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Trade Math <i>Including:</i> Use of measuring tools and equipment, application of formulae.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Basics <i>Including:</i> Saw tooth inspection, swager and swaging, shaper and shaping, tooth alignment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Band Saws <i>Including:</i> Fitting, sharpening and handling, kerf requirements, grinding, maintenance of grinder.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Circular Saws <i>Including:</i> Inspection of saws, plumbing & leveling, tensioning for RPM & feed speed. Sharpening of solid tooth, carbide and satellite. PM of grinding equipment, use of correct grinding wheel.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Grinding Wheels <i>Including:</i> Safe handling and storage, operating speed calculation, shaping and dressing, mounting.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Knives <i>Including:</i> Angles, sharpening, babbitting and balancing, troubleshooting.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

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Job Tasks	Declaration Response
Saw Welding <i>Including:</i> Portable Oxy-Acetylene units, tool and equipment selection, adjusting flame types, crack and tooth welding, MIG equipment, welding saw plate.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Chains <i>Including:</i> Calculate gauge and pitch, inspection and repair, setup and sharpening, wheel profile.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Guides <i>Including:</i> Maintenance, guide types.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Shearboards, Scrapers, Cooling Systems and Hydraulics <i>Including:</i> Types of shearboards, maintenance of shearboards, types of scrapers, maintenance of scrapers. Saw lubricants, application and maintenance of lubrication systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tension, Level and Bench Saws <i>Including:</i> Applications to bandsaws and circular saws.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Planning and Organizing Work Activities <i>Including:</i> Creating and interpreting technical documents, shutdown procedures, project work.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Saw Filing Room Machines <i>Including:</i> Bench setup and maintenance, circular saw stretcher, grinder operation and maintenance, guide equipment maintenance.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Circular Saw Machines <i>Including:</i> Head rig alignment and maintenance, optimizing systems, align gang saws and edgers, align chip canter, align cut-off, trim, and slasher saws, laser alignment, troubleshooting.	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 or receive Supervision and Sign-Off Authority. For those trades, you must prove you have the required prerequisite credentials.

There are no prerequisite credentials or certificates for this trade.

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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H. 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).

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