

**BENCHPERSON
STATUTORY DECLARATION
OF WORK EXPERIENCE**

Job Tasks	Declaration Response
Band Mills Including: 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 | <input type="checkbox"/> Copy of certificate attached |
| or | |
| <input type="checkbox"/> LMI Circular Sawfiler Certificate of Qualification | <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)
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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 SkilledTradesBC 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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