PAINTER AND DECORATOR

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

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 or Supervision and Sign-off Authority.

"Painter and Decorator" means a person who prepares and applies paint or any organic/inorganic coating when applied in the same manner as paints; sand/hydro blasts for cleaning decorative or preparatory purposes to steel, concrete or wood, installs rubber, fiberglass, acid resistant or metalized linings to tanks, pipes, or other vessels; installs all wall covering on buildings or structure surfaces.

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 **7,290 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

A. Applicant Name

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

B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)
Business Address (Street Name/Number, 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 Hours of **Painter And Decorator** Experience Accumulated in Period:
Job Title of Applicant:	

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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 (50)	DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Performs Safety-Related Functions		
Uses personal protective equipment (PPE) and safety	☐ Yes	☐ No
Maintains safe work environment	☐ Yes	☐ No
Uses And Maintains Tools And Equipment		
Maintains tools and equipment	☐ Yes	☐ No
Uses rigging, hoisting and lifting equipment	☐ Yes	☐ No
Uses access equipment	☐ 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 Initials:

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JOB TASKS (50)	DECLARATION RESPONSE	
Performs Routine Trade Practices		
Uses documentation	☐ Yes	☐ No
Determines project requirements	☐ Yes	☐ No
Plans job	☐ Yes	☐ No
Protects surroundings	☐ Yes	☐ No
Handles materials	☐ Yes	☐ No
Assesses substrate conditions and deficiencies	☐ Yes	☐ No
Assesses product conditions and deficiencies	☐ Yes	☐ No
Assesses quality of painted or coated surfaces and wall coverings	☐ Yes	☐ No
Uses Communication And Mentoring Techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
PREPARES SURFACES		
Performs General Surface Preparation		
Removes existing paints and coatings	☐ Yes	☐ No
Removes existing wall coverings and adhesives	☐ Yes	☐ No
Cleans surfaces	☐ Yes	☐ No
Primes surfaces	☐ Yes	☐ No
Sands surfaces	☐ Yes	☐ No
Applies caulking	☐ Yes	☐ No
Prepares Wood Surfaces For Paints, Coatings And Wall Coverings		
Treats wood surfaces	☐ Yes	☐ No
Repairs minor imperfections in wood	☐ Yes	☐ No
Prepares Concrete And Masonry Surfaces		
Mechanically treats concrete and masonry surfaces	☐ Yes	☐ No

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JOB TASKS (50)	DECLARATION RESPONSE	
Chemically treats concrete and masonry surfaces	☐ Yes	☐ No
Repairs concrete and masonry surfaces	☐ Yes	☐ No
Prepares Metal Surfaces		
Treats metal surfaces	☐ Yes	☐ No
Repairs metals surfaces	☐ Yes	☐ No
Prepares Plaster Surfaces And Drywall		
Repairs existing plaster surfaces and drywall	☐ Yes	☐ No
Finishes new drywall	☐ Yes	☐ No
PREPARES AND APPLIES RESIDENTIAL, INSTITUTIONAL AND COMMERCIAL PAINTS, COATINGS AND FINISHES		
Prepares For Application Of Residential, Institutional And Commercial Paints And Coatings		
Prepares residential, institutional and commercial paints and coatings	☐ Yes	☐ No
Installs residential, institutional and commercial reinforcing mesh	☐ Yes	☐ No
Applies Residential, Institutional And Commercial Paints And Coatings		
Applies residential, institutional and commercial paints and coatings with brushes	☐ Yes	☐ No
Applies residential, institutional and commercial paints and coatings with rollers	☐ Yes	☐ No
Applies residential, institutional and commercial paints and coatings with applicators	☐ Yes	☐ No
Applies residential, institutional and commercial paints and coatings with spray equipment	☐ Yes	☐ No
Applies Decorative/Specialty Finishes		
Applies paints and coatings using decorative techniques	☐ Yes	☐ No
Creates faux finishes	☐ Yes	☐ No
Applies gilding	☐ Yes	☐ No
Applies stencils and graphics	☐ Yes	☐ No
Creates textured finishes	☐ Yes	☐ No
Applies multi-spec coatings	☐ Yes	☐ No

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JOB TASKS (50)	DECLARATION RESPONSE	
PREPARES AND APPLIES WALL COVERINGS		
Prepares For Application Of Wall Coverings		
Treats surfaces for wall coverings	☐ Yes	☐ No
Lays out surface	☐ Yes	☐ No
Prepares wall coverings	☐ Yes	☐ No
Applies Wall Coverings		
Applies adhesives	☐ Yes	☐ No
Installs vinyl wall coverings	☐ Yes	☐ No
Installs fabric and natural material wall coverings	☐ Yes	☐ No
Installs rigid wall coverings	☐ Yes	☐ No
Repairs existing wall coverings	☐ Yes	☐ 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:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

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I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials: