FLOORCOVERING INSTALLER

EMPLOYER 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 of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.

"Floorcovering Installer" means a person who installs, applies, replaces, repairs, services and prepares rugs, carpets, organic and synthetic materials, linoleum, vinyl, rubber, engineered wood, cork flooring and preparation of sub-surfaces, and any work that is usually performed by a journeyperson Floorcovering Installer.

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 **7,425 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

Enter the name of the individual for whom this form is being completed.

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

B. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

Name of Organization/Employer/Business:		
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ( )	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Floorcovering Installer** Experience Accumulated in Period:
Job Title of Applicant:	

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C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ( )	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply) ☐ English ☐ Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

JOB TASKS (72)	SUPERVISOR DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Performs safety-related functions		
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Maintains safe work environment	☐ Yes	☐ No
Uses and maintains tools and equipment		
Uses hand tools	☐ Yes	☐ No
Uses power and pneumatic tools	☐ Yes	☐ No
Uses measuring and layout tools	☐ Yes	☐ No
Assesses floor and jobsite conditions		
Performs quality control	☐ Yes	☐ No
Assesses floor and sub-floor conditions and deficiencies	☐ Yes	☐ No
Conducts field tests	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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JOB TASKS (72)	SUPERVISOR DECLARATION RESPONSE	
Organizes work		
Plans sequence of installation	☐ Yes	☐ No
Handles material	☐ Yes	☐ No
Determines layouts and materials needed for job	☐ Yes	☐ No
Uses documentation	☐ Yes	☐ No
Installs transitions, trims and wall bases		
Installs transitions and trims	☐ Yes	☐ No
Installs resilient wall base	☐ Yes	☐ No
Installs carpet wall base	☐ Yes	☐ No
Installs wood wall base	☐ Yes	☐ No
Uses communication and mentoring techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
PREPARES FLOOR		
Removes existing floorcovering and accessories		
Removes transitions, trims and wall bases	☐ Yes	☐ No
Removes carpet	☐ Yes	☐ No
Removes resilient flooring	☐ Yes	☐ No
Removes wood, laminate flooring, tiles and underlayment	☐ Yes	☐ No
Prepares substrate		
Removes contaminants	☐ Yes	☐ No
Prepares concrete floors and underlayment	☐ Yes	☐ No
Prepares wood floors and underlayment	☐ Yes	☐ No
Prepares specialty floors	☐ Yes	☐ No

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JOB TASKS (72)	SUPERVISOR DECLARATION RESPONSE	
Installs trowelled underlayment	☐ Yes	☐ No
Installs rigid underlayment panels	☐ Yes	☐ No
INSTALLS AND REPAIRS CARPET		
Installs carpet		
Cuts carpet for installation	☐ Yes	☐ No
Installs carpet by conventional method	☐ Yes	☐ No
Installs carpet by direct glue-down method	☐ Yes	☐ No
Installs carpet by double glue-down method	☐ Yes	☐ No
Installs modular carpet tiles	☐ Yes	☐ No
Completes carpet installation	☐ Yes	☐ No
Performs custom carpet procedures		
Installs borders and insets	☐ Yes	☐ No
Binds carpet	☐ Yes	☐ No
Upholsters with carpet	☐ Yes	☐ No
Assembles area rugs and runners	☐ Yes	☐ No
Installs carpet and runners on stairs	☐ Yes	☐ No
Installs artificial turf		
Establishes layout and grid lines for artificial turf	☐ Yes	☐ No
Assembles artificial turf sections	☐ Yes	☐ No
Completes artificial turf installation	☐ Yes	☐ No
Repairs carpet		
Repairs carpet installed by conventional method	☐ Yes	☐ No
Repairs carpet installed by direct glue-down method	☐ Yes	☐ No

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JOB TASKS (72)	SUPERVISOR DECLARATION RESPONSE	
Repairs carpet installed by double glue-down method	☐ Yes	☐ No
Repairs artificial turf	☐ Yes	☐ No
INSTALLS AND REPAIRS RESILIENT FLOORING		
Installs resilient flooring		
Establishes layout and grid lines	☐ Yes	☐ No
Installs resilient tiles	☐ Yes	☐ No
Installs resilient sheet goods	☐ Yes	☐ No
Cuts seams to fit	☐ Yes	☐ No
Seals seams chemically	☐ Yes	☐ No
Heat welds seams	☐ Yes	☐ No
Completes resilient flooring installation	☐ Yes	☐ No
Performs custom resilient flooring procedures		
Performs coving operations	☐ Yes	☐ No
Installs tread, riser and stringer materials	☐ Yes	☐ No
Installs resilient flooring on stairs	☐ Yes	☐ No
Installs insets, borders and feature strips	☐ Yes	☐ No
Installs specialty wall covering products	☐ Yes	☐ No
Repairs resilient flooring and accessories		
Repairs resilient flooring	☐ Yes	☐ No
Repairs accessories	☐ Yes	☐ No
INSTALLS AND SERVICES WOOD, LAMINATE AND FLOATING VINYL PLANK FLOORING		
Installs pre-finished solid, engineered, laminate and floating vinyl plank flooring		
Undercuts jambs and trims	☐ Yes	☐ No
Installs vapour retarders and underlayment cushion	☐ Yes	☐ No

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JOB TASKS (72)	SUPERVISOR DECLARATION RESPONSE	
Establishes layout	☐ Yes	☐ No
Fits materials	☐ Yes	☐ No
Mechanically fastens pre-finished solid and engineered hardwood flooring	☐ Yes	☐ No
Glues down solid and engineered hardwood flooring	☐ Yes	☐ No
Assembles floating floors	☐ Yes	☐ No
Installs custom wood and laminate flooring		
Installs borders, insets and custom fabrications in wood	☐ Yes	☐ No
Installs wood and laminate flooring on stairs	☐ Yes	☐ No
Services pre-finished solid, engineered, laminate and floating vinyl plank flooring		
Repairs boards	☐ Yes	☐ No
Replaces boards and accessories	☐ Yes	☐ No
Refinishes hardwood flooring	☐ Yes	☐ No

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, 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.)

Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
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