

#### 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 customer service @skilled trades bc.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.

"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.

#### **Applicant Name**

| Legal First Name:   | Legal Middle Nam                 | Legal Middle Name(s):         |                          | Legal Last Name:                 |  |  |
|---|----------------------------------|-------------------------------|--------------------------|----------------------------------|--|--|
| B. Self-Employment o  | r Employment Informa             | ation of Applica              | nt                       |                                  |  |  |
| Enter the contact information for Declaration.                    | your own business if you are sel | f-employed or your pr         | evious employer who      | will not complete an Employer    |  |  |
| Name of Organization/Employer                                     | r/Business:                      |                               | Business Registrationly) | n Number: (Self-Employment       |  |  |
| Business Address (Street Name/)                                   | Number, Building/Unit Numb       | er):                          | City:                    |                                  |  |  |
| Province/ State:  | Country:                         |                               | Postal Co                | de/ Zip Code:                    |  |  |
| Business Phone Number: Email Address:                             |                                  |                               | Website:                 |                                  |  |  |
| Enter the dates and number of hor employment on one form, but you |                                  |                               |                          |                                  |  |  |
| Dates of Employment (MM/DD/<br>From:                              | YYYY):<br>To:                    | Total Number<br>Accumulated i |                          | i <b>ng Installer</b> Experience |  |  |
| Job Title of Applicant:   |                                  | _                             | _                        |                                  |  |  |



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| C. Reason for Statutory Declaration  Indicate why a Statutory Declaration is required for this period of amplements  |                               |                |  |  |  |  |
|--|-------------------------------|----------------|--|--|--|--|
| Indicate why a Statutory Declaration is required for this period of employment:  |                               |                |  |  |  |  |
| Applicant was self-employed Employer will/can not complete Empl  | oyer Declaration              |                |  |  |  |  |
| Applicants <b>must</b> attempt to contact current or previous employers to request an Employer Declaration to b  | e filled out and sig          | ned.           |  |  |  |  |
| If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work you have taken to try to obtain it.   | experience, <b>indic</b>      | ate the steps  |  |  |  |  |
|  |                               |                |  |  |  |  |
|  |                               |                |  |  |  |  |
|  |                               |                |  |  |  |  |
|  |                               |                |  |  |  |  |
|  |                               |                |  |  |  |  |
|  |                               |                |  |  |  |  |
|  |                               |                |  |  |  |  |
|  |                               |                |  |  |  |  |
|  |                               |                |  |  |  |  |
| 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 (72)   |                               |                |  |  |  |  |
|  | RESP                          | RATION<br>ONSE |  |  |  |  |
| PERFORMS COMMON OCCUPATIONAL SKILLS  | RESP                          |                |  |  |  |  |
| PERFORMS COMMON OCCUPATIONAL SKILLS Performs safety-related functions  | RESP                          |                |  |  |  |  |
|  | RESP                          |                |  |  |  |  |
| Performs safety-related functions  |                               | PONSE          |  |  |  |  |
| Performs safety-related functions  Uses personal protective equipment (PPE) and safety equipment   | Yes                           | ONSE No        |  |  |  |  |
| Performs safety-related functions  Uses personal protective equipment (PPE) and safety equipment  Maintains safe work environment  | Yes                           | ONSE No        |  |  |  |  |
| Performs safety-related functions  Uses personal protective equipment (PPE) and safety equipment  Maintains safe work environment  Uses and maintains tools and equipment  | ☐ Yes                         | No No          |  |  |  |  |
| Performs safety-related functions  Uses personal protective equipment (PPE) and safety equipment  Maintains safe work environment  Uses and maintains tools and equipment  Uses hand tools                                 | ☐ Yes ☐ Yes ☐ Yes             | No No          |  |  |  |  |
| Performs safety-related functions  Uses personal protective equipment (PPE) and safety equipment  Maintains safe work environment  Uses and maintains tools and equipment  Uses hand tools  Uses power and pneumatic tools | ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes | No No No       |  |  |  |  |



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| JOB TASKS (72)   | DECLARATION<br>RESPONSE                                   |      |  |  |  |  |
|--|---|------|--|--|--|--|
| 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 |  |  |  |  |
| 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 |  |  |  |  |
| Enter the applicant's initials on every page of this form  | 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 (72)  | DECLARATION<br>RESPONSE |       |  |
|---|-------------------------|-------|--|
| Prepares concrete floors and underlayment   | ☐ Yes                   | ☐ No  |  |
| Prepares wood floors and underlayment   | ☐ Yes                   | ☐ No  |  |
| Prepares specialty floors   | ☐ Yes                   | ☐ No  |  |
| 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  |  |
| 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 | Applicant's Initial     | iole: |  |
| accurate.   | Applicant's Init        | iais. |  |



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| JOB TASKS (72)   | DECLARATION<br>RESPONSE |       |  |
|--|-------------------------|-------|--|
| Repairs carpet installed by direct glue-down method  | ☐ Yes                   | ☐ No  |  |
| 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  |  |
| 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 Init        | ials: |  |



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|---|--|------------------|---------------------|--|--|--|
| JOB TASK  | DECLARATION<br>RESPONSE                  |                  |                     |  |  |  |
| Establishes layout  |  | ☐ Yes            | ☐ No                |  |  |  |
| Fits materials  | ☐ Yes                                    | ☐ No             |                     |  |  |  |
| Mechanically fastens pre-finished solid and engine  | ☐ Yes                                    | ☐ No             |                     |  |  |  |
| Glues down solid and engineered hardwood flooring   | ☐ Yes                                    | ☐ No             |                     |  |  |  |
| Assembles floating floors   | ☐ Yes                                    | ☐ No             |                     |  |  |  |
| Installs custom wood and laminate floorin   | g  |                  |                     |  |  |  |
| Installs borders, insets and custom fabrications in   | wood                                     | ☐ Yes            | ☐ No                |  |  |  |
| Installs wood and laminate flooring on stairs   |  | Yes              | □ No                |  |  |  |
| Services pre-finished solid, engineered, la   | minate and floating vinyl plank flooring |                  |                     |  |  |  |
| Repairs boards  |  | ☐ Yes            | □ No                |  |  |  |
| Replaces boards and accessories   |  | ☐ Yes            | <br>□ No            |  |  |  |
| Refinishes hardwood flooring  | ☐ Yes                                    | <br>□ 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) |  |                  |                     |  |  |  |
|   |  |                  |                     |  |  |  |
| Enter the applicant's initials on every page of this form   |  | Applicant's Init | ials:               |  |  |  |
| I hereby certify, that to the best of my knowledge, the accurate.   | Applicant's Init                         | ıals:            |                     |  |  |  |



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April 2025

#### 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                     |      |                |                |        |                    |        |   |   |
|---|-------------------------------|------|----------------|----------------|--------|--------------------|--------|---|---|
| Relati  | onship to Applicant:          |      | Former Empl    | oyee           |        | Contractor         |        | Supplier                                  |   |
|   | 1 11                          |      | Co-worker      | ,              |        | Client             |        |   | ok keeper; Accountant, Business<br>ecify: |
| First a   | nd Last Name of Reference     | e:   |                | Language(s) th | at ref | erence can communi | cate:  | (Check all th                             | at apply)                                 |
|   |                               |      |                | ☐ English      |        |                    |        | Other (s                                  | specify):                                 |
| Organ   | ization/Business Name:        |      |                |                |        | Position/Title:    |        |   |   |
| Phone   | Number:                       |      |                |                |        | Email Address:     |        |   |   |
| 2.  | Reference                     |      |                |                |        |                    |        |   |   |
| Relati  | onship to Applicant:          |      | Former Empl    | oyee           |        | Contractor         |        | Supplier                                  |   |
|   |                               |      | Co-worker      |                |        | Client             |        | Other (i.e. HR; Boo<br>Partner) please sp | ok keeper; Accountant, Business<br>ecify: |
| First a   | nd Last Name of Reference     | e:   |                | Language(s) th | at ref | erence can communi | cate:  | (Check all th                             | at apply)                                 |
|   |                               |      |                | ☐ English      |        |                    |        | Other (s                                  | specify):                                 |
| Organ   | ization/Business Name:        |      |                |                |        | Position/Title:    |        |   |   |
| Phone   | Number:                       |      |                |                |        | Email Address:     |        |   |   |
| 3.  | Reference                     |      |                |                |        |                    |        |   |   |
| Relati  | onship to Applicant:          |      | Former Empl    | oyee           |        | Contractor         |        | Supplier                                  |   |
|   |                               |      | Co-worker      |                |        | Client             |        | Other (i.e. HR; Boo<br>Partner) please sp | ok keeper; Accountant, Business<br>ecify: |
| First a   | nd Last Name of Reference     | e:   |                | Language(s) th | at ref | erence can communi | cate:  | (Check all th                             | at apply)                                 |
|   |                               |      |                | ☐ English      |        |                    |        | Other (s                                  | specify):                                 |
| Organ   | ization/Business Name:        |      |                |                |        | Position/Title:    |        |   |   |
| Phone   | Number:                       |      |                |                |        | Email Address:     |        |   |   |
| Enter the applicant's initials on every page of this form |                               |      |                |                |        |                    |        |   |   |
|   |                               |      |                |                | rmot   | ion I am providing | n ic + | ruo and                                   | Applicant's Initials:                     |
| accura  | by certify, that to the late. | Jesi | OI IIIY KIIOWI | zuge, me mo    | ımal   | ion i am providin( | y is t | iue allu                                  | друшчант s miliais.                       |