

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.

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

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Tame(s): Legal Last Name: rmation of Applicant re self-employed or your previous employer who will not complete an Employ Business Registration Number: (Self-Employment on City: Postal Code/ Zip Code:		
Business Registration Number: (Self-Employment on City:		
City:		
Postal Code/ Zip Code:		
Website:		
byment or self-employment. You may combine multiple periods of self- employment with different employers on separate forms.		
Total Number Hours of Floorcovering Installer Experience Accumulatin that Period:		

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

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



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C. Reason for Statutory Decla	ration							
Indicate why a Statutory Declaration is requ	ired for this period of e	mployment:						
☐ Applicant was self-employed ☐ Employer will/can not complete Employer Declaration								
Applicants must attempt to contact current	or previous employers	to request an Employer Dec	claration to be f	illed out and sig	ned.			
If you have been unable to obtain an Employ	yer Declaration for any	portion of your non-self-en	nployed work e	xperience, indic	ate the steps			
you have taken to try to obtain it.								
D. Statutory Declaration of Jo	b Task Performa	nce						
By checking "Yes" or "No" in the Declaration period indicated in Section B.	n Response column, inc	licate whether you have per	rformed the job	tasks listed belo	ow during the			
J	JOB TASKS (18)				VISOR RATION ONSE			
PERFORMS COMMON OCCUPAT	IONAL SKILLS 119	%						
PERFORMS COMMON OCCUPATE Task-1 Performs safety-related for		%		☐ Yes	☐ No			
	unctions			☐ Yes	☐ No			
Task-1 Performs safety-related fu	unctions			☐ Yes	□ No			
Task-1 Performs safety-related for Uses personal protective equipment (I	unctions PPE) and safety equipm			☐ Yes	☐ No			
Task-1 Performs safety-related fu Uses personal protective equipment (I Maintains safe work environment	unctions PPE) and safety equipm							
Task-1 Performs safety-related fu Uses personal protective equipment (I Maintains safe work environment Task-2 Uses and maintains tools	unctions PPE) and safety equipm							
Task-1 Performs safety-related for Uses personal protective equipment (I Maintains safe work environment Task-2 Uses and maintains tools Uses hand tools	unctions PPE) and safety equipm							
Task-1 Performs safety-related for Uses personal protective equipment (I Maintains safe work environment Task-2 Uses and maintains tools Uses hand tools Uses power and pneumatic tools	anctions PPE) and safety equipm and equipment							
Task-1 Performs safety-related for Uses personal protective equipment (I Maintains safe work environment Task-2 Uses and maintains tools Uses hand tools Uses power and pneumatic tools Uses measuring and layout tools	anctions PPE) and safety equipm and equipment			☐ Yes	□ No			
Task-1 Performs safety-related for Uses personal protective equipment (I Maintains safe work environment Task-2 Uses and maintains tools Uses hand tools Uses power and pneumatic tools Uses measuring and layout tools Task-3 Assesses floor and jobsite	anctions PPE) and safety equipment and equipment conditions			☐ Yes	□ No			
Task-1 Performs safety-related for Uses personal protective equipment (I Maintains safe work environment Task-2 Uses and maintains tools Uses hand tools Uses power and pneumatic tools Uses measuring and layout tools Task-3 Assesses floor and jobsite Performs quality control	anctions PPE) and safety equipment and equipment conditions			☐ Yes	□ No			
Task-1 Performs safety-related for Uses personal protective equipment (I Maintains safe work environment Task-2 Uses and maintains tools Uses hand tools Uses power and pneumatic tools Uses measuring and layout tools Task-3 Assesses floor and jobsite Performs quality control Assesses floor and sub-floor condition	anctions PPE) and safety equipment and equipment conditions			☐ Yes	□ No			
Task-1 Performs safety-related for Uses personal protective equipment (I Maintains safe work environment Task-2 Uses and maintains tools Uses hand tools Uses power and pneumatic tools Uses measuring and layout tools Task-3 Assesses floor and jobsite Performs quality control Assesses floor and sub-floor condition Conducts field tests	anctions PPE) and safety equipment and equipment conditions			☐ Yes	□ No			
Task-1 Performs safety-related for Uses personal protective equipment (I Maintains safe work environment Task-2 Uses and maintains tools Uses hand tools Uses power and pneumatic tools Uses measuring and layout tools Task-3 Assesses floor and jobsite Performs quality control Assesses floor and sub-floor condition Conducts field tests Task-4 Organizes work	and equipment conditions and deficiencies			☐ Yes	□ No			



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)C	SUPERV DECLAF RESPO	RATION		
Handles material				
Determines layouts and materials neede	d for job			
Uses documentation				
Task-5 Installs transitions, trims a	nd wall bases		☐ Yes	☐ No
Installs transitions and trims			_	
Installs resilient wall base				
Installs carpet wall base				
Installs wood wall base				
Task-6 Uses communication and r	nentoring techniques		☐ Yes	☐ No
Uses communication techniques				
Uses mentoring techniques				
PREPARES FLOOR 24%				
Task-7 Removes existing floorcove	ering and accessories		☐ Yes	☐ No
Removes transitions, trims and wall base	es			
Removes carpet				
Removes resilient flooring				
Removes wood, laminate flooring, tiles a	nd underlayment			
Task-8 Prepares substrate			☐ Yes	☐ No
Removes contaminants				
Prepares concrete floors and underlaym	ent			
Prepares wood floors and underlayment				
Prepares specialty floors				
Installs trowelled underlayment				
Installs rigid underlayment panels				
INSTALLS AND REPAIRS CARPET 2	1%			
Task-9 Installs carpet			☐ Yes	☐ No
Cuts carpet for installation				
Installs carpet by conventional method				
Enter the applicant name (repeat on every p	age of this form)			
Legal First Name:	Legal Middle Name(s):	Legal Last Na	me:	



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JO	SUPERV DECLAR RESPO	ATION					
Installs carpet by direct glue-down meth	od						
Installs carpet by double glue-down met	hod						
Installs modular carpet tiles							
Completes carpet installation							
Task-10 Performs custom carpet p	rocedures		☐ Yes	☐ No			
Installs borders and insets							
Binds carpet							
Upholsters with carpet							
Assembles area rugs and runners							
Installs carpet and runners on stairs							
Task-11 Installs artificial turf			☐ Yes	□ No			
Establishes layout and grid lines for artifi	cial turf		_				
Assembles artificial turf sections							
Completes artificial turf installation							
Task-12 Repairs carpet			☐ Yes	☐ No			
Repairs carpet installed by conventional	method						
Repairs carpet installed by direct glue-do	own method						
Repairs carpet installed by double glue-c	lown method						
Repairs artificial turf							
INSTALLS AND REPAIRS RESILIENT	Γ FLOORING 29%						
Task-13 Installs resilient flooring			☐ Yes	☐ No			
Establishes layout and grid lines							
Installs resilient tiles							
Installs resilient sheet goods							
Cuts seams to fit							
Seals seams chemically							
Heat welds seams							
Completes resilient flooring installation							
Enter the applicant name (repeat on every pa	Enter the applicant name (repeat on every page of this form)						
Legal First Name:	Legal Middle Name(s):	Legal Last Nar	ne:				



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JC	SUPERV DECLAP RESPO	RATION		
Task-14 Performs custom resilient	flooring procedures		☐ Yes	☐ No
Performs coving operations				
Installs tread, riser and stringer material	s			
Installs resilient flooring on stairs				
Installs insets, borders and feature strips				
Installs specialty wall covering products				
Task-15 Repairs resilient flooring a	and accessories		☐ Yes	□ No
Repairs resilient flooring			_	_
Repairs accessories				
INSTALLS AND SERVICES WOOD, I	LAMINATE AND FLOATING VINYL P	LANK FLOC	RING 15%	
Task-16 Installs pre-finished solid flooring	, engineered, laminate and floating vi	nyl plank	☐ Yes	□ No
Undercuts jambs and trims				
Installs vapour retarders and underlaym	ent cushion			
Establishes layout				
Fits materials				
Mechanically fastens pre-finished solid				
Glues down solid and engineered hardw	rood flooring			
Assembles floating floors				
Task-17 Installs custom wood and	laminate flooring		☐ Yes	□ No
Installs borders, insets and custom fabric	cations in wood			
Installs wood and laminate flooring on s	tairs			
Task-18 Services pre-finished solid flooring	l, engineered, laminate and floating v	inyl plank	☐ Yes	□ No
Repairs boards				
Replaces boards and accessories				
Refinishes hardwood flooring				
Enter the applicant name (repeat on every p	age of this form)			
Legal First Name:	Legal Middle Name(s):	Legal Last Na	me.	
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SKILLED TRADES BC

FLOORCOVERING INSTALLER

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E. Applicant Signature

I certify that the information I have provided is true and accurate.	(Note:	Collection and p	protection o	of personal	information	on this f	orm is in
accordance with the provisions of the Freedom of Information and	d Prote	ction of Privacy A	ct.)				

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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FLOORCOVERING INSTALLER

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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 Emp	loyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) the	at ref	erence can commun	icate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:			•		Position/Title:		
Phone Number:					Email Address:		
2. Reference							
Relationship to Applicant:		Former Emp	loyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) tha	at ref	erence can commun	icate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
3. Reference					·		
Relationship to Applicant:		Former Emp	loyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:			at ref	erence can commun	icate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
Enter the applicant name (re	neai	on every pa	age of this form)				
Legal First Name:	,,,,,,,,,		Legal Middle Na		.).		Logal Last Namo:
Legai Fiist Naille.			Legai wilddie Na	me(S	9).		Legal Last Name: