

## STATUTORY DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service 800 – 8100 Granville Ave Richmond, BC V6Y 3T6

Tel: 778-328-8700 Fax: 778-328-8701

Legal Last Name:

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

**Note:** To obtain a SkilledTradesBC certification in this trade via challenge, successful completions of the following two exams are required: the practical exam and the Inter-Provincial written exam. The written exam component will be administered by SkilledTradesBC. The practical exam component is being administered by the Trowell Trades Association on behalf of SkilledTradesBC. Scheduling and payment for the practical exam must be arranged through the Trowell Trades Association. For further information regarding the practical exam and the fee structure, please go to the Trowell Trades website at www.ttta.ca.

Legal Middle Name(s):

#### A. Applicant Name

Legal First 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) |                        |   |  |  |  |
| Mailing Address:  |                |   | City:                  |   |  |  |  |
| Province/ State:  | Country:       |   | Postal Code/ Zip Code: |   |  |  |  |
| Business Phone Number:  | Email Address: | 7   | Website:               |   |  |  |  |
| Enter the dates and number of hours for employment on one form, but you must  |                |   |                        |   |  |  |  |
| Dates of Employment (MM/DD/YYYY):   |                | Total Number Hou                            | ırs of <b>Bri</b>      | icklayer Experience Accumulated in that Period: |  |  |  |
| From: To:   |                |   |                        |   |  |  |  |
| Job Title of Applicant:   |                |   |                        |   |  |  |  |
| Enter the applicant name (repeat on every page of this form)  |                |   |                        |   |  |  |  |
| Legal First Name: Legal Middle Name(s):   |                |   | Le                     | egal Last Name:                                 |  |  |  |



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Applicants must attempt to contact current or previous employers to request an Employer Declaration to be filled out and signed.

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Employer will/can not complete Employer Declaration

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#### C. Reason for Statutory Declaration

Applicant was self-employed

Indicate why a Statutory Declaration is required for this period of employment:

| If you have been unable to obtain an Employe you have taken to try to obtain it. If sufficien |                            |                  |                                   | ate the s      | teps  |
|---|----------------------------|------------------|-----------------------------------|----------------|-------|
|   |                            |                  |                                   |                |       |
|   |                            |                  |                                   |                |       |
|   |                            |                  |                                   |                |       |
|   |                            |                  |                                   |                |       |
|   |                            |                  |                                   |                |       |
| D. Statutory Declaration of Job   | Task Performance           |                  |                                   |                |       |
| By checking "Yes" or "No" in the Declaration I period indicated in Section B.                 |                            | ther you have pe | rformed the job tasks listed belo | ow during      | g the |
| Job Tasks (79)  |                            |                  |                                   | Declar<br>Resp |       |
| PERFORMS SAFETY-RELATED FUNCTION Maintains safe work environment                              | S                          |                  |                                   | Yes:<br>No:    |       |
| Uses personal protective equipment  | (PPE) and safety equipment |                  |                                   | Yes:<br>No:    |       |
| USES AND MAINTAINS TOOLS AND EQUI<br>Maintains tools and equipment                            | PMENT                      |                  |                                   | Yes:<br>No:    |       |
| Uses rigging, hoisting and lifting equ  | iipment                    |                  |                                   | Yes:<br>No:    |       |
| Uses access equipment   |                            |                  |                                   | Yes:<br>No:    |       |
| USES SCAFFOLDING Erects scaffolding   |                            |                  |                                   | Yes:<br>No:    |       |
| Dismantles scaffolding  |                            |                  |                                   | Yes:<br>No:    |       |
| Enter the applicant name (repeat on every pag   | ge of this form)           |                  |                                   |                |       |
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| Job Tasks (79)  |                       |  |                  | Declar<br>Resp |  |  |
|---|-----------------------|--|------------------|----------------|--|--|
| Maintains scaffolding   |                       |  |                  | Yes:<br>No:    |  |  |
| ORGANIZES WORK Uses drawings and specifications                             |                       |  |                  |                |  |  |
| Plans daily tasks and activities  |                       |  |                  |                |  |  |
| Prepares jobsite and materials  |                       |  |                  | Yes:<br>No:    |  |  |
| Protects surrounding areas  |                       |  |                  | Yes:<br>No:    |  |  |
| USES COMMUNICATION AND MENTORIN Uses communication techniques               | G TECHNIQUES          |  |                  | Yes:<br>No:    |  |  |
| Uses mentoring techniques   |                       |  |                  | Yes:<br>No:    |  |  |
| PERFORMS SUBSTRATE PREPARATION Prepares vertical substrates and foundations |                       |  |                  |                |  |  |
| Applies parging   |                       |  |                  |                |  |  |
| Installs anchoring/tie systems  |                       |  |                  |                |  |  |
| Installs membrane and flashing  |                       |  |                  |                |  |  |
| Installs insulation   |                       |  |                  |                |  |  |
| PERFORMS FUNDAMENTAL MASONRY TASKS  Lays out wall and coursing              |                       |  |                  |                |  |  |
| Finishes joints   |                       |  |                  |                |  |  |
| Cleans new masonry surfaces   |                       |  |                  |                |  |  |
| Seals masonry surfaces  |                       |  |                  |                |  |  |
| Enter the applicant name (repeat on every page of this form)                |                       |  |                  |                |  |  |
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| Job Tasks (79)   |     |  | Declar<br>Respo |  |  |  |
|--|-----|--|-----------------|--|--|--|
| USES MORTARS, GROUTS AND ADHESIVES  Mixes mortar, concrete, grout and adhesives                  |     |  |                 |  |  |  |
| Uses mortars   |     |  |                 |  |  |  |
| Uses concrete and grout  |     |  |                 |  |  |  |
| Uses adhesives   |     |  |                 |  |  |  |
| BUILDS MASONRY WALLS Builds non-load-bearing walls   |     |  | Yes:<br>No:     |  |  |  |
| Builds load-bearing walls  |     |  | Yes:<br>No:     |  |  |  |
| BUILDS HORIZONTAL MASONRY SURFACE<br>Prepares horizontal substrate                               | ES  |  | Yes:<br>No:     |  |  |  |
| Lays masonry units on horizontal surfaces  |     |  |                 |  |  |  |
| BUILDS AND INSTALLS PREFABRICATED MASONRY Builds prefabricated masonry                           |     |  |                 |  |  |  |
| Erects prefabricated masonry   |     |  |                 |  |  |  |
| INSTALLS SURFACE-BONDED MASONRY UNITS Prepares substrate for surface-bonded masonry units        |     |  |                 |  |  |  |
| Applies surface-bonded masonry un  | its |  | Yes:<br>No:     |  |  |  |
| BUILDS NATURAL STONE WALLS Prepares natural stone  |     |  |                 |  |  |  |
| Lays natural stone   |     |  |                 |  |  |  |
| Damp cures walls   |     |  |                 |  |  |  |
| PERFORMS MECHANICALLY-FASTENED NATURAL STONE CLADDING PROCEDURES Prepares substrate for cladding |     |  |                 |  |  |  |
| Prepares natural stone for cladding  |     |  |                 |  |  |  |
| Enter the applicant name (repeat on every page of this form)                                     |     |  |                 |  |  |  |
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| Job Tasks (79)   |                                |  |  | Declar<br>Resp |  |
|--|--------------------------------|--|--|----------------|--|
|  |                                |  |  | No:            |  |
| Installs natural stone cladding  |                                |  |  |                |  |
| BUILDS CHIMNEYS  Builds foundation supports for chir                   | mneys                          |  |  | Yes:<br>No:    |  |
| Lays masonry units to build chimneys                                   |                                |  |  |                |  |
| Installs flue lining   |                                |  |  | Yes:<br>No:    |  |
| Installs related flashings   |                                |  |  | Yes:<br>No:    |  |
| Installs caps  |                                |  |  | Yes:<br>No:    |  |
| BUILDS FIREPLACES  Builds foundation for hearth, firebo                | ox, backup material and veneer |  |  | Yes:<br>No:    |  |
| Builds hearth, firebox and backup                                      |                                |  |  |                |  |
| Installs damper  |                                |  |  |                |  |
| Builds smoke chamber   |                                |  |  |                |  |
| Prepares existing fireplace for insert                                 |                                |  |  |                |  |
| Faces fireplaces and inserts   |                                |  |  |                |  |
| INSTALLS AND MAINTAINS REFRACTOR Prepares for installation of refracto |                                |  |  | Yes:<br>No:    |  |
| Prepares mortar for refractories                                       |                                |  |  |                |  |
| Removes existing refractories  |                                |  |  |                |  |
| Installs refractories  |                                |  |  |                |  |
| Enter the applicant name (repeat on every page of this form)           |                                |  |  |                |  |
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| Job Tasks (79)   |                       |                  | Declar<br>Respo |  |  |
|--|-----------------------|------------------|-----------------|--|--|
| Repairs refractories   |                       |                  | Yes:            |  |  |
|  |                       |                  | No:             |  |  |
| INSTALLS AND MAINTAINS CORROSION RESISTANT MATERIALS                       |                       |                  |                 |  |  |
| Prepares for installation of corrosion resistant materials and accessories |                       |                  |                 |  |  |
| Prepares mortar for corrosion resista                                      | ant materials         |                  | Yes:            |  |  |
|  |                       |                  |                 |  |  |
| Removes existing corrosion resistan  | t materials           |                  | Yes:            |  |  |
|  |                       |                  | No:             |  |  |
| Installs corrosion resistant materials                                     |                       |                  | Yes:            |  |  |
|  |                       |                  | No:             |  |  |
| Repairs corrosion resistant materials                                      |                       |                  | Yes:            |  |  |
| repairs correspond resistant materials                                     | ,                     |                  | No:             |  |  |
| REBUILDS MASONRY WORK  |                       |                  | Yes:            |  |  |
| Disassembles unit masonry  |                       |                  | No:             |  |  |
| Prepares restoration work area   |                       |                  | Yes:            |  |  |
| riepaies iestoration work area   |                       |                  |                 |  |  |
| Reinstalls masonry and accessories   |                       |                  |                 |  |  |
|  |                       |                  |                 |  |  |
| Removes deteriorated masonry unit  | s                     |                  | No:             |  |  |
| Repoints joints  |                       |                  | Yes:            |  |  |
| ropolito jonito  |                       |                  | No:             |  |  |
| Repairs masonry units  |                       |                  | Yes:            |  |  |
| repairs massing units  |                       |                  | No:             |  |  |
| Reinstalls masonry units and access  | ories                 |                  | Yes:            |  |  |
| Tomotano masomy anno ana access  | 0.100                 |                  | No:             |  |  |
| Cleans existing masonry surfaces   |                       |                  | Yes:            |  |  |
| Glound Grading mucomy durings  |                       |                  | No:             |  |  |
| INSTALLS GLASS BLOCKS  |                       |                  | Yes:            |  |  |
| Prepares work area   |                       |                  | No:             |  |  |
| Lays glass blocks  |                       |                  |                 |  |  |
| 2410 8400 010000   |                       |                  |                 |  |  |
| INSTALLS ORNAMENTAL AND SCULPTED MASONRY UNITS                             |                       |                  |                 |  |  |
| Enter the applicant name (repeat on every page of this form)               |                       |                  |                 |  |  |
|  |                       | T                |                 |  |  |
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|---|----------------|--|
| Prepares for installation of ornamental and sculpted masonry units  | No:            |  |
| Installs ornamental and sculpted masonry units  | Yes:<br>No:    |  |
| BUILDS ARCHES   | Yes:           |  |
| Prepares location   | No:            |  |
| Builds template   | Yes:<br>No:    |  |
| Places template   | Yes:<br>No:    |  |
| Installs arch masonry units   | Yes:<br>No:    |  |
| Removes template  | Yes:<br>No:    |  |
| E. Applicant Signature  I certify that the information I have provided is accurate. (Note: Collection and protection of personal information on this for accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)  Applicant Name (please print):  Applicant Signature:  Date: (MM/DD/YY) |                |  |

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

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|-------------------|-----------------------|------------------|
|                   |                       |                  |

# SKILLED TRADES BC

#### **BRICKLAYER**

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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    | oyee            |         | Contractor        |         | Supplier   |
|                                  |                | Co-worker     |                 |         | Client            |         | Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify: |
| First and Last Name of Reference | :              |               | Language(s) th  | nat ref | erence can commur | nicate: | (Check all that apply)   |
|                                  |                |               | ☐ English       |         |                   |         | Other (specify):   |
| Organization/Business Name:      |                |               |                 |         | Position/Title:   |         |  |
| Phone Number:                    |                |               |                 |         | Email Address:    |         |  |
| 2. Reference                     |                |               |                 |         |                   |         |  |
| Relationship to Applicant:       |                | Former Emp    | oyee            |         | Contractor        |         | Supplier   |
|                                  |                | Co-worker     |                 |         | Client            |         | Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify: |
| First and Last Name of Reference | <del>:</del>   |               | Language(s) th  | nat ref | erence can commun | nicate: | (Check all that apply)   |
|                                  |                |               | ☐ English       |         |                   |         | Other (specify):   |
| Organization/Business Name:      |                |               |                 |         | Position/Title:   |         |  |
| Phone Number:                    |                |               |                 |         | Email Address:    |         |  |
| 3. Reference                     |                |               |                 |         |                   |         |  |
| Relationship to Applicant:       |                | Former Emp    | oyee            |         | Contractor        |         | Supplier   |
|                                  |                | Co-worker     |                 |         | Client            |         | Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify: |
| First and Last Name of Reference | <del>:</del> : |               | Language(s) th  | nat ref | erence can commun | nicate: | (Check all that apply)   |
|                                  |                |               | ☐ English       |         |                   |         | Other (specify):   |
| Organization/Business Name:      |                |               | l               |         | Position/Title:   |         |  |
| Phone Number:                    |                |               |                 |         | Email Address:    |         |  |
|                                  |                |               |                 |         | •                 |         |  |
| Enter the applicant name (rep    | eat o          | on every page | of this form)   |         |                   |         |  |
| Legal First Name:                |                |               | Legal Middle Na | me(s    | ):                |         | Legal Last Name:   |