



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.

“Bricklayers” build and repair walls, floors, arches, pavings, partitions, fireplaces, chimneys, smokestacks, furnaces, kilns and other structures. They work with materials such as brick, natural stone, manufactured stone, tiles, precast masonry panels, glass blocks, concrete blocks, lightweight insulated panels, other masonry units, insulation and membranes. They erect, install, maintain, repair and alter various masonry. The structures vary in complexity from a simple masonry walkway to an ornate exterior on a multi-level building.

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:
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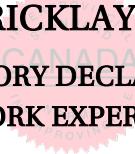
B. Self-Employment or Employment Information of Applicant

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)
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 Bricklayer Experience Accumulated in Period:
Job Title of Applicant:	



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

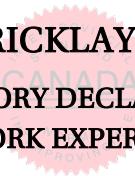
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

JOB TASKS (79)	DECLARATION RESPONSE	
Performs Safety-Related Functions		
Maintains safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses And Maintains Tools And Equipment		
Maintains tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses rigging, hoisting and lifting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses access equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Scaffolding		
Erects scaffolding	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

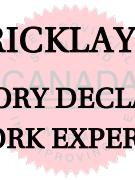


JOB TASKS (79)		DECLARATION RESPONSE	
Dismantles scaffolding		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains scaffolding		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizes Work			
Uses drawings and specifications		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plans daily tasks and activities		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares jobsite and materials		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Protects surrounding areas		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Communication And Mentoring Techniques			
Uses communication techniques		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Substrate Preparation			
Prepares vertical substrates and foundations		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies parging		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs anchoring/tie systems		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs membrane and flashing		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs insulation		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs Fundamental Masonry Tasks			
Lays out wall and coursing		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Finishes joints		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleans new masonry surfaces		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seals masonry surfaces		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses Mortars, Grouts And Adhesives			
Mixes mortar, concrete, grout and adhesives		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mortars		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses concrete and grout		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses adhesives		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds Masonry Walls			
Builds non-loading-bearing walls		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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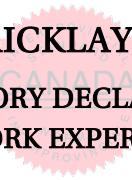


JOB TASKS (79)	DECLARATION RESPONSE			
Builds load-bearing walls	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Builds Horizontal Masonry Surfaces				
Prepares horizontal substrate	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Lays masonry units on horizontal surfaces	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Builds And Installs Prefabricated Masonry				
Builds prefabricated masonry	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Erects prefabricated masonry	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Installs Surface-Bonded Masonry Units				
Prepares substrate for surface-bonded masonry units	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applies surface-bonded masonry units	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Builds Natural Stone Walls				
Prepares natural stone	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Lays natural stone	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Damp cures walls	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Performs Mechanically-Fastened Natural Stone Cladding Procedures				
Prepares substrate for cladding	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Prepares natural stone for cladding	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Installs natural stone cladding	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Builds Chimneys				
Builds foundation supports for chimneys	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Lays masonry units to build chimneys	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Installs flue lining	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Installs related flashings	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Installs caps	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Builds Fireplaces				
Builds foundation for hearth, firebox, backup material and veneer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Builds hearth, firebox and backup	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Installs damper	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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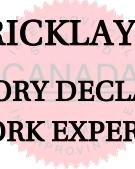


JOB TASKS (79)	DECLARATION RESPONSE	
Builds smoke chamber	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepares existing fireplace for insert	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Faces fireplaces and inserts	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installs And Maintains Refractories		
Prepares for installation of refractories and accessories	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepares mortar for refractories	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Removes existing refractories	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installs refractories	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repairs refractories	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installs And Maintains Corrosion Resistant Materials		
Prepares for installation of corrosion resistant materials and accessories	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepares mortar for corrosion resistant materials	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Removes existing corrosion resistant materials	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installs corrosion resistant materials	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repairs corrosion resistant materials	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rebuilds Masonry Work		
Disassembles unit masonry	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepares restoration work area	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reinstalls masonry and accessories	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repairs And Cleans Existing Masonry Work		
Removes deteriorated masonry units	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repoints joints	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repairs masonry units	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reinstalls masonry units and accessories	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleans existing masonry surfaces	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installs Glass Blocks		
Prepares work area	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lays glass blocks	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Applicant's Initials:



JOB TASKS (79)	DECLARATION RESPONSE	
Installs Ornamental And Sculpted Masonry Units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares for installation of ornamental and sculpted masonry units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs ornamental and sculpted masonry units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds Arches		
Prepares location	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds template	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Places template	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs arch masonry units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes template	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)

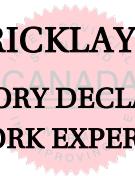
Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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Applicant's Initials:

BRICKLAYER
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

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: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> 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)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> 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)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> 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)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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