CARPENTER

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.

"Carpenter" means a person who performs all work in connection with the assembly and erection of falsework and forms for concrete, wood and metal frame construction, and installs interior and exterior finishing metals for residential, commercial, and industrial projects, while conforming to plans and specifications and local building codes. Other trade skills include layout, rigging/signaling, cutting/welding and the erection and dismantling of scaffolding.

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 **9,540 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

Holders of a Canadian **military certificate** in **Construction Technician MT #306 / MT #648, QL5 or higher** will be eligible to challenge this certification by submitting an Exam Application Form along with a copy of the certificate.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last 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)
Business 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 **Carpenter** Experience Accumulated in Period:
Job Title of Applicant:	

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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 (46)	DECLARATION RESPONSE	
Safe Work Practices		
Applies shop and site safety practices	☐ Yes	☐ No
Applies personal safety practices	☐ Yes	☐ No
Documentation and Organizational Skills		
Uses construction drawings and specifications	☐ Yes	☐ No
Interprets building codes and bylaws	☐ Yes	☐ No
Plans and organizes work	☐ Yes	☐ No
Performs trade math	☐ Yes	☐ No
Uses communication and mentorship techniques	☐ 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 Initials:

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JOB TASKS (46)	DECLARATION RESPONSE	
Tools and Equipment		
Uses hand tools	☐ Yes	☐ No
Uses portable power tools	☐ Yes	☐ No
Uses stationary power tools	☐ Yes	☐ No
Uses oxy-fuel equipment	☐ Yes	☐ No
Survey Instruments and Equipment		
Uses levelling instruments and equipment	☐ Yes	☐ No
Uses site layout equipment	☐ Yes	☐ No
Access, Rigging and Hoisting Equipment		
Uses ladders, scaffolds and access equipment	☐ Yes	☐ No
Uses rigging and hoisting equipment	☐ Yes	☐ No
Site Layout		
Lays out building locations	☐ Yes	☐ No
Prepares building site	☐ Yes	☐ No
Applies excavation and shoring practices	☐ Yes	☐ No
Concrete Formwork		
Uses concrete types, materials, additives and treatments	☐ Yes	☐ No
Builds footing and vertical formwork	☐ Yes	☐ No
Selects concrete forming systems	☐ Yes	☐ No
Builds slab-on-grade forms and suspended slab forms	☐ Yes	☐ No
Installs reinforcement and embedded items	☐ Yes	☐ No
Builds concrete stair forms	☐ Yes	☐ No
Places and finishes concrete	☐ Yes	☐ No
Installs specialized formwork	☐ Yes	☐ No
Wood Frame Construction		
Describes wood frame construction	☐ Yes	☐ No
Selects framing materials	☐ Yes	☐ No
Builds floor systems	☐ Yes	☐ No

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JOB TASKS (46)	DECLARATION RESPONSE	
Builds wall systems	☐ Yes	☐ No
Builds stair systems	☐ Yes	☐ No
Builds roof systems	☐ Yes	☐ No
Builds specialized framing systems	☐ Yes	☐ No
Performs renovations and additions	☐ Yes	☐ No
Builds timber and engineered wood construction	☐ Yes	☐ No
Builds decks and exterior structures	☐ Yes	☐ No
Finishing Materials		
Installs doors and hardware	☐ Yes	☐ No
Installs windows and hardware	☐ Yes	☐ No
Installs exterior finishes	☐ Yes	☐ No
Installs interior finishes	☐ Yes	☐ No
Installs cabinets	☐ Yes	☐ No
Describes roofing materials	☐ Yes	☐ No
Installs interior floor, ceiling and wall systems	☐ Yes	☐ No
Building Science		
Controls the forces acting on a building	☐ Yes	☐ No
Controls heat and sound transmission	☐ Yes	☐ No
Controls air and moisture movement in buildings	☐ Yes	☐ 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

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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 Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

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