

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

Legal Last Name

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.

"Concrete finishers" place, finish, protect and repair concrete surfaces. They work on a variety of vertical and horizontal surfaces such as concrete floors, walls, sidewalks, stairs, driveways, curbs and gutters, and overlays. They work on many types of structures such as buildings, dams, bridges and tunnels. They also texture, chip, grind and cure finished concrete work and repair and restore damaged concrete. They apply architectural finishes to concrete surfaces such as exposed aggregate, acid-stained, patterned-stamped, broomed, smooth finishes and etched concrete surfaces. They install expansion and contraction joints and install fixtures such as anchor bolts, steel plates and other embedments. They also apply membranes and other waterproofing products to concrete. Concrete finishers must possess a sound knowledge of the properties of various types of concrete mixes and how proportions, additives and curing affect concrete strength and durability. Concrete finishers should have a basic knowledge of constructing formwork, preparing subgrades and installing reinforcement.

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 **4,860 hours** performing the tasks listed in Section D, and

Legal Middle Name(s):

• experience performing at least **70%** of the job tasks listed in Section D.

A. Applicant Name

Legal First Name:

| | 6 | (0) | | |
|---|----------------------------------|---------------------------|-----------------------|------------------------------------|
| B. Self-Employment | or Employment Infor | mation of Applicar | nt | |
| Enter the contact information f Declaration. | or your own business if you are | self-employed or your pro | evious employer v | vho will not complete an Employer |
| Name of Organization/Employer/ | Business: | | Business Registrat | ion Number: (Self-Employment only) |
| Business Address (Street Nam | e/Number, Building/Unit Nu | mber): | City: | |
| Province/ State: | Country: | | Postal | Code/ Zip Code: |
| Business Phone Number: | Email Address: | | Website: | |
| Enter the dates and number of employment on one form, but y | | | | |
| Dates of Employment (MM/DD/Y) From: | Total Number I Accumulated in | | e Finisher Experience | |
| Job Title of Applicant: | | <u> </u> | | |



STATUTORY DECLARATION OF WORK EXPERIENCE

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| | | customerservice | e | | | | |
|---|----------------|-----------------------------|-------------------|--|--|--|--|
| 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 co | mplete Employe | er 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. | | | | | | | |
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| | | | | | | | |
| 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. | | | | | | | |
| period indicated in Section B. | | | | | | | |
| period indicated in Section B. JOB TASKS (57) | | | RATION ONSE | | | | |
| | | | | | | | |
| JOB TASKS (57) | | RESP | ONSE | | | | |
| JOB TASKS (57) Performs Safety-Related Functions | | | | | | | |
| JOB TASKS (57) Performs Safety-Related Functions Uses personal protective equipment (PPE) and safety equipment | | RESP Ves | ONSE No | | | | |
| JOB TASKS (57) Performs Safety-Related Functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment | | RESP Yes Yes | ONSE No | | | | |
| JOB TASKS (57) Performs Safety-Related Functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Uses Tools And Equipment | | RESP Ves | ONSE No No | | | | |
| JOB TASKS (57) Performs Safety-Related Functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Uses Tools And Equipment Uses hand tools | | Yes Yes | ONSE No No | | | | |
| JOB TASKS (57) Performs Safety-Related Functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Uses Tools And Equipment Uses hand tools Uses power tools | | Yes Yes Yes Yes | ONSE No No No No | | | | |
| JOB TASKS (57) Performs Safety-Related Functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Uses Tools And Equipment Uses hand tools Uses power tools Uses measuring equipment | | Yes Yes Yes Yes | ONSE No No No No | | | | |
| JOB TASKS (57) Performs Safety-Related Functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Uses Tools And Equipment Uses hand tools Uses power tools Uses measuring equipment Organizes Work | | Yes Yes Yes Yes Yes Yes | No | | | | |
| JOB TASKS (57) Performs Safety-Related Functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Uses Tools And Equipment Uses hand tools Uses power tools Uses measuring equipment Organizes Work Uses documentation | | Yes Yes Yes Yes Yes Yes | No | | | | |
| JOB TASKS (57) Performs Safety-Related Functions Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment Uses Tools And Equipment Uses hand tools Uses power tools Uses measuring equipment Organizes Work Uses documentation Determines material requirements and quantities | | Yes Yes Yes Yes Yes Yes Yes | No | | | | |



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| JOB TASKS (57) | | DECLARATION RESPONSE | | | |
|--|------------------|-------------------------|--|--|--|
| Uses Communication And Mentoring Techniques | | | | | |
| Uses communication techniques | ☐ Yes | ☐ No | | | |
| Uses mentoring techniques | ☐ Yes | ☐ No | | | |
| Prepares Site | | | | | |
| Inspects site | ☐ Yes | ☐ No | | | |
| Prepares sub-grade and elevations | Yes | ☐ No | | | |
| Uses Formwork | | | | | |
| Constructs concrete formwork | Yes | ☐ No | | | |
| Installs reinforcements | ☐ Yes | ☐ No | | | |
| Inspects formwork and reinforcement | Yes | ☐ No | | | |
| Installs construction, isolation and expansion joints | Yes | □ No | | | |
| Removes forms | ☐ Yes | — ☐ No | | | |
| Places Concrete | | | | | |
| Transports concrete on site | ☐ Yes | □ No | | | |
| Spreads concrete | ☐ Yes | — □ No | | | |
| Consolidates concrete | ☐ Yes | — ☐ No | | | |
| Places concrete in vertical formwork | ☐ Yes | — ☐ No | | | |
| Levels Concrete | _ | | | | |
| Establishes elevation | Yes | ☐ No | | | |
| Screeds concrete | ☐ Yes | — ☐ No | | | |
| Bulls float concrete | ☐ Yes | — □ No | | | |
| Floats Concrete | | | | | |
| Floats concrete by hand | Yes | □ No | | | |
| Floats concrete by machine | ☐ Yes | □ No | | | |
| Hand Tool Concrete | | _ | | | |
| Edges perimeter of slab | Yes | ☐ No | | | |
| Finishes extruded concrete surfaces | ☐ Yes | □ No | | | |
| Tools contraction joints | 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 | tials: | | | |



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| JOB TASKS (57) | DECLARATION RESPONSE | | |
|---|-------------------------|-------|--|
| Trowels Concrete | | | |
| Trowels concrete by hand | ☐ Yes | ☐ No | |
| Trowels concrete by machine | Yes | ☐ No | |
| Applies Surface Treatments To Concrete | | | |
| Applies dry shake aggregate surface hardeners | Yes | ☐ No | |
| Applies exposed aggregate finish | ☐ Yes | ☐ No | |
| Textures concrete surface | ☐ Yes | ☐ No | |
| Applies stamped concrete surface finish | Yes | ☐ No | |
| Applies evaporation reducers | ☐ Yes | ☐ No | |
| Cures Concrete | | | |
| Wet-cures concrete | ☐ Yes | ☐ No | |
| Chemical cures concrete | ☐ Yes | ☐ No | |
| Creates Contraction Joints | | | |
| Saw cuts contraction joints | ☐ Yes | ☐ No | |
| Fills joints | ☐ Yes | ☐ No | |
| Protects Concrete | | | |
| Protects plastic concrete | ☐ Yes | ☐ No | |
| Protects hardened concrete | ☐ Yes | ☐ No | |
| Repairs And Restores Concrete | | | |
| Inspects concrete | ☐ Yes | ☐ No | |
| Removes materials | ☐ Yes | ☐ No | |
| Prepares surface for repair or restoration | Yes | ☐ No | |
| Installs repair materials | ☐ Yes | ☐ No | |
| Applies Surface Treatment To Hardened Concrete | | | |
| Prepares surface for surface treatments | ☐ Yes | ☐ No | |
| Abrades surface to achieve architectural finish | ☐ Yes | ☐ No | |
| Applies seamless systems | Yes | No | |
| Applies bonded and non-bonded toppings to concrete | ☐ 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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| | | DECLARATION RESPONSE | | |
|---|--|---|-----------------|--|
| Parges vertical surfaces | | Yes | ☐ No | |
| Applies chemical surface treatmen | nt | Yes | ☐ No | |
| Grouts | | | | |
| Prepares surface for grouting | | Yes | ☐ No | |
| Installs grout | | Yes | ☐ No | |
| Finishes exposed grout surface | | Yes | ☐ No | |
| Performs Cutting And Coring | | | | |
| Performs cutting | | Yes | ☐ No | |
| Performs coring | | Yes | ☐ No | |
| . Applicant Signature Pertify that the information I have provictions of the Fr | ided is true and accurate. (Note: Collection and pro eedom of Information and Protection of Privacy Act | otection of personal information .) | on this form is | |
| ertify that the information I have prov | ided is true and accurate. (Note: Collection and pro eedom of Information and Protection of Privacy Act Applicant Signature: | otection of personal information .) Date: (MM/DD/ | | |
| ertify that the information I have prove cordance with the provisions of the Fr | reedom of Information and Protection of Privacy Act | .) | | |
| ertify that the information I have prove cordance with the provisions of the Fr | reedom of Information and Protection of Privacy Act | .) | | |
| ertify that the information I have prove cordance with the provisions of the Fr | reedom of Information and Protection of Privacy Act | .) | | |
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Page 5 of 6 April 2025

I hereby certify, that to the best of my knowledge, the information I am providing is true and

accurate.



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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 Empl | oyee | | 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) t | hat ref | erence can communi | icate: | (Check all that apply) |
| | | | ☐ English | | | | Other (specify): |
| Organization/Business Name: | | | | | Position/Title: | | |
| Phone Number: | | | | | Email Address: | | |
| 2. Reference | | | | | ' | | |
| Relationship to Applicant: | | Former Empl | oyee | | 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) t | hat ref | erence can communi | icate: | (Check all that apply) |
| | | | ☐ English | | | | Other (specify): |
| Organization/Business Name: | | | | | Position/Title: | | |
| Phone Number: | | | | | Email Address: | | |
| 3. Reference | | | | | | | |
| Relationship to Applicant: | | Former Empl | oyee | | 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) t | hat ref | erence can communi | icate: | (Check all that apply) |
| | | | ☐ English | | | | Other (specify): |
| Organization/Business Name: | | | ! | | Position/Title: | | |
| Phone Number: | | | | | Email Address: | | |
| | | | | | | | |
| Enter the applicant's initials | on e | very page of | this form | | | | |
| I hereby certify, that to the laccurate. | | | | ormat | ion I am providin | g is t | rue and Applicant's Initials: |