SKILLED TRADES BC

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

GLAZIER
EMPLOYER DECLARATION OF WORK EXPERIENCE

This form is used to declare work experience for periods of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.

"Glaziers" measure, handle, cut, prepare, fit, install, replace and repair all types of glass and glass substitutes, typically in industrial, commercial, institutional, and residential applications. In commercial applications, they fabricate, lay out, and install curtain wall framing, aluminum storefront frames and entrances, structural silicone glazing (SSG), skylights and sloped glazing. In residential applications, they install doors and windows. Glaziers also install specialty glass products such as glass railings, smoke baffles, shower enclosures, and glass and mirror walls. Other duties include layout, preparation, fabrication, and replacement of architectural metal components in systems such as entranceways, windows, skylights, and curtain walls.

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 **9,900 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

Enter the name of the individual for whom this form is being completed.

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

B. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

Name of Organization/Employer/Business:		
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ( )	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Glazier** Experience Accumulated in Period:
Job Title of Applicant:	

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C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ( )	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply) ☐ English ☐ Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

JOB TASKS (53)	SUPERVISOR DECLARATION RESPONSE	
Performs Safety Related Functions		
Maintains a safe work environment	☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Uses Tools And Equipment		
Uses hand tools	☐ Yes	☐ No
Uses portable and stationary power tools	☐ Yes	☐ No
Uses layout and measuring equipment	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ No
Uses Rigging, Hoisting and Lifting Equipment		
Used rigging equipment	☐ Yes	☐ No
Uses hoisting and lifting equipment	☐ Yes	☐ No
Organizes Work		
Uses documentation and reference material	☐ Yes	☐ No
Interprets plans, drawings and specifications	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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JOB TASKS (53)	SUPERVISOR DECLARATION RESPONSE	
Prepares list of materials and supplies	☐ Yes	☐ No
Plans project tasks	☐ Yes	☐ No
Performs Routine Trade Activities		
Prepares worksite	☐ Yes	☐ No
Handles glass and other materials	☐ Yes	☐ No
Prepares materials for installation	☐ Yes	☐ No
Stores glass and other materials	☐ Yes	☐ No
Performs glass cutting and edge treatment	☐ Yes	☐ No
Installs building envelope membranes	☐ Yes	☐ No
Installs flashing	☐ Yes	☐ No
Applies sealants	☐ Yes	☐ No
Uses Communication And Mentoring Techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
Fabricates Commercial Window And Door Systems		
Fabricates curtain walls	☐ Yes	☐ No
Fabricates storefronts	☐ Yes	☐ No
Fabricates window systems	☐ Yes	☐ No
Fabricates skylights and sloped glazing systems	☐ Yes	☐ No
Fabricates entrance systems	☐ Yes	☐ No
Installs Commercial Window And Door Systems		
Lays out commercial window and door systems	☐ Yes	☐ No
Installs curtain wall systems	☐ Yes	☐ No
Installs storefront systems	☐ Yes	☐ No
Installs window systems	☐ Yes	☐ No
Installs skylights and sloped glazing systems	☐ Yes	☐ No

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Supervisor First and Last Name (Please Print):	
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JOB TASKS (53)	SUPERVISOR DECLARATION RESPONSE	
Installs entrance systems	☐ Yes	☐ No
Installs Residential Window Systems		
Lays out residential window systems	☐ Yes	☐ No
Sets windows in openings	☐ Yes	☐ No
Glazes windows	☐ Yes	☐ No
Installs Residential Door Systems		
Lays out residential door systems	☐ Yes	☐ No
Assembles residential door frames	☐ Yes	☐ No
Sets residential doors and frames	☐ Yes	☐ No
Installs residential door hardware	☐ Yes	☐ No
Glazes residential doors	☐ Yes	☐ No
Fabricates And Installs Commercial Specialty Glass And Products		
Lays out commercial specialty glass and products	☐ Yes	☐ No
Assembles commercial specialty glass, products and hardware	☐ Yes	☐ No
Installs commercial specialty glass, products and hardware	☐ Yes	☐ No
Fabricates And Installs Residential Specialty Glass And Products		
Lays out residential specialty glass and products	☐ Yes	☐ No
Assembles residential specialty glass, products and hardware	☐ Yes	☐ No
Installs residential specialty glass, products and hardware	☐ Yes	☐ No
Services Commercial Window And Door Systems		
Assesses service requirements for commercial window and door systems	☐ Yes	☐ No
Repairs commercial window and door systems	☐ Yes	☐ No
Services Residential Window And Door Systems		
Assesses service requirements for residential window and door systems	☐ Yes	☐ No

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Supervisor First and Last Name (Please Print):	
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JOB TASKS (53)	SUPERVISOR DECLARATION RESPONSE	
Repairs residential window and door systems	☐ Yes	☐ No
Services Specialty Glass And Products		
Assess service requirements for specialty glass and products	☐ Yes	☐ No
Repairs specialty glass and products	☐ Yes	☐ No

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, 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.)

Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials: