GLAZIER

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.

"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

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 **Glazier** 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 (53)	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

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 (53)	DECLARATION RESPONSE	
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
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

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JOB TASKS (53)	DECLARATION RESPONSE	
Installs curtain wall systems	☐ Yes	☐ No
Installs storefront systems	☐ Yes	☐ No
Installs window systems	☐ Yes	☐ No
Installs skylights and sloped glazing systems	☐ Yes	☐ No
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

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JOB TASKS (53)	DECLARATION RESPONSE	
Services Residential Window And Door Systems		
Assesses service requirements for residential window and door systems	☐ Yes	☐ No
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. 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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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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I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials: