



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.

Ironworker (Generalists) construct, install, maintain, and repair industrial, commercial, institutional, infrastructural, and residential structures made of steel, concrete, mass timber, and other materials. The Ironworker (Generalist) trade includes many aspects of building construction, such as structural, reinforcing, architectural/ornamental, mechanical, and specialized heavy lifting. Ironworker (Generalists) are employed to work in a variety of projects, including on buildings, towers, bridges, stadiums, pre-engineered construction, wind turbines, solar panels, dams, and ornamental ironwork such as curtain walls, metal stairways, catwalks, railings, and metal doors. They erect scaffolding, cranes, hoists, and derricks on the construction site. They install conveyors, machinery, and automated material handling systems. They are involved in demolition and salvage duties involving all types of construction.

Ironworker (Generalists) prepare the construction site by assembling hoisting equipment. They unload reinforcing materials, structural and ornamental components, and organize the material for installation and hoisting. They inspect, select, and install rigging to components and direct crane operations. They position, align, and secure components using a variety of equipment and methods according to drawings and job specifications. Ironworker (Generalists) join materials using a variety of methods, including bolting, pinning, welding, and tying. They place reinforcing material in a variety of reinforced products and structures, and perform post-tensioning operations.

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 **7,110 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:
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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 Ironworker (Generalist) Experience Accumulated in Period:
Job Title of Applicant:	

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)	
<input type="checkbox"/> English <input type="checkbox"/> 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 (70)		SUPERVISOR DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS			
Maintains Safe And Healthy Workplace			
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	
Participates in healthy and respectful work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uses And Maintains Tools And Equipment			
Uses hand tools and measuring equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uses power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uses bending tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uses powder-actuated tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uses mobile elevating work platforms (MEWP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uses material handling equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uses ladders	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:



JOB TASKS (70)		SUPERVISOR DECLARATION RESPONSE		
Uses scaffolding	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Uses surveying equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Uses welding equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Uses mechanical cutting equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Uses thermal cutting equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Organizes Work				
Organizes materials and supplies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Performs layout	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Uses drawings and documentation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Plans tasks	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Maintains Continuous Learning				
Upskills in new trade practices and procedures	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Upskills in emerging technologies	<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 RIGGING, HOISTING AND POSITIONING, AND MOBILIZATION, ERECTION, AND DEMOBILIZATION OF CRANES				
Plans Lift				
Assesses load	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Performs pre-lift analysis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Selects rigging, hoisting and positioning equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Secures lift area	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Rigs, Hoists And Positions Load				
Inspects rigging, hoisting and positioning equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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JOB TASKS (70)		SUPERVISOR DECLARATION RESPONSE		
Assembles rigging, hoisting and positioning equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Attaches rigging equipment to load	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Performs hoisting and positioning operations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Secures load before rigging removal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Performs Post-Lift Activities				
Conducts post-lift inspection	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Disassembles rigging, hoisting and positioning equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Maintains rigging, hoisting and positioning equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Performs Mobilization, Erection And Demobilization Of Cranes				
Mobilizes telescopic boom cranes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Erects lattice boom cranes, tower cranes, derricks and components	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Performs demobilization and disassembly of cranes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
FABRICATES AND INSTALLS REINFORCING MATERIAL				
Fabricates Reinforcing Materials On-Site				
Cuts reinforcing materials	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Bends reinforcing materials	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Installs Reinforcing Materials				
Places reinforcing materials	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Ties reinforcing materials	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Splices reinforcing materials	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
PERFORMS PRE-STRESSING/POST-TENSIONING				
Places Pre-Stressed/Post-Tensioning Systems				
Lays out profile	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Places tendons and accessories	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Installs bursting steel and anchorages	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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JOB TASKS (70)		SUPERVISOR DECLARATION RESPONSE	
Connects tendons to anchorages		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Protects exposed tendons		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stresses Tendons			
Sets up stressing equipment		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tensions tendons		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cuts and caps tendons		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removes stressing equipment		<input type="checkbox"/> Yes	<input type="checkbox"/> No
De-stresses tendons		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grouts Tendons			
Sets up grouting equipment		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs grout		<input type="checkbox"/> Yes	<input type="checkbox"/> No
PERFORMS ERECTION, ASSEMBLY AND INSTALLATION			
Installs Primary And Secondary Structural Members			
Uses falsework		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attaches structural members		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Levels, plumbs and aligns structural members		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completes installation of structural members		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs Ornamental, Miscellaneous, And Steel Cladding Systems & Components			
Installs curtain walls and window walls		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs miscellaneous components		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs steel cladding, and building envelope systems and components		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs Conveyors, Machinery and Equipment			
Installs material handling systems		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs alignment and commissioning of material handling systems		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (70)	SUPERVISOR DECLARATION RESPONSE	
PERFORMS MAINTENANCE AND UPGRADING		
Decommissions, Disassembles And Removes Structural, Ornamental, Mechanical And Miscellaneous Components		
Ensures decommissioning of structure and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disassembles structural, ornamental, mechanical and miscellaneous components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains And Repairs Components		
Assesses current condition of components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs repairs, revisions and reinforcing of components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Replaces components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs preventative maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)
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