

IRONWORKER (GENERALIST)

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.

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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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 Ironworker (Generalist) Experience Accumulated in Period:
Job Title of Applicant:	



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 (70)	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

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:



JOB TASKS (70)	DECLARATION RESPONSE	
Uses material handling equipment	<input type="checkbox"/>	Yes
Uses ladders	<input type="checkbox"/>	Yes
Uses scaffolding	<input type="checkbox"/>	Yes
Uses surveying equipment	<input type="checkbox"/>	Yes
Uses welding equipment	<input type="checkbox"/>	Yes
Uses mechanical cutting equipment	<input type="checkbox"/>	Yes
Uses thermal cutting equipment	<input type="checkbox"/>	Yes
Organizes Work		
Organizes materials and supplies	<input type="checkbox"/>	Yes
Performs layout	<input type="checkbox"/>	Yes
Uses drawings and documentation	<input type="checkbox"/>	Yes
Plans tasks	<input type="checkbox"/>	Yes
Maintains Continuous Learning		
Upskills in new trade practices and procedures	<input type="checkbox"/>	Yes
Upskills in emerging technologies	<input type="checkbox"/>	Yes
Uses Communication And Mentoring Techniques		
Uses communication techniques	<input type="checkbox"/>	Yes
Uses mentoring techniques	<input type="checkbox"/>	Yes
PERFORMS RIGGING, HOISTING AND POSITIONING, AND MOBILIZATION, ERECTION, AND DEMOBILIZATION OF CRANES		
Plans Lift		
Assesses load	<input type="checkbox"/>	Yes
Performs pre-lift analysis	<input type="checkbox"/>	Yes
Selects rigging, hoisting and positioning equipment	<input type="checkbox"/>	Yes
Secures lift area	<input type="checkbox"/>	Yes
Rigs, Hoists And Positions Load		
Inspects rigging, hoisting and positioning equipment	<input type="checkbox"/>	Yes
Assembles rigging, hoisting and positioning equipment	<input type="checkbox"/>	Yes

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JOB TASKS (70)	DECLARATION RESPONSE			
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 INSTALS 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
Connects tendons to anchorages	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Protects exposed tendons	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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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
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

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JOB TASKS (70)	DECLARATION RESPONSE	
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. 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: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> Other (i.e. HR; Bookkeeper; Accountant, Business Partner) please specify:		
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> Other (i.e. HR; Bookkeeper; Accountant, Business Partner) please specify:		
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant: <input type="checkbox"/> Former Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Co-worker <input type="checkbox"/> Client <input type="checkbox"/> Other (i.e. HR; Bookkeeper; Accountant, Business Partner) please specify:		
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) <input type="checkbox"/> English <input type="checkbox"/> Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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