

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.

Ironworkers (Reinforcing) are responsible for cutting, bending, hoisting, placing, and welding reinforcing materials in concrete structures such as buildings, wind turbines, bridges, stadiums, and dams. They may also install post-tensioning systems in a variety of structures. Ironworkers (Reinforcing) unload reinforcing materials and organize the material for installation and hoisting. They inspect, select, and install rigging to components and direct crane operations. They place and secure components using a variety of equipment and methods according to drawings and job specifications. Ironworkers (Reinforcing) primarily work outdoors in teams and are required to perform dynamic physical activities, often working at heights.

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 **4,770 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 (Reinforcing) 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 (53)		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 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	
Uses scaffolding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uses surveying equipment	<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 (53)	SUPERVISOR DECLARATION RESPONSE	
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 PARTICIPATES IN CRANE AND EQUIPMENT MOBILIZATION AND DEMOBILIZATION		
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
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

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JOB TASKS (53)	SUPERVISOR DECLARATION RESPONSE	
Performs hoisting and positioning operations	<input type="checkbox"/>	<input type="checkbox"/> Yes
Secures load before rigging removal	<input type="checkbox"/>	<input type="checkbox"/> No
Performs post-lift activities		
Conducts post-lift inspection	<input type="checkbox"/>	<input type="checkbox"/> Yes
Disassembles rigging, hoisting and positioning equipment	<input type="checkbox"/>	<input type="checkbox"/> No
Maintains rigging, hoisting and positioning equipment	<input type="checkbox"/>	<input type="checkbox"/> No
Participates in mobilization and demobilization of cranes and equipment		
Participates in mobilization of cranes and equipment	<input type="checkbox"/>	<input type="checkbox"/> Yes
Demobilizes cranes and equipment	<input type="checkbox"/>	<input type="checkbox"/> No
FABRICATES AND INSTALS REINFORCING MATERIAL		
Fabricates reinforcing materials on-site		
Cuts reinforcing materials	<input type="checkbox"/>	<input type="checkbox"/> Yes
Bends reinforcing materials	<input type="checkbox"/>	<input type="checkbox"/> No
Installs reinforcing materials		
Places reinforcing materials	<input type="checkbox"/>	<input type="checkbox"/> Yes
Ties reinforcing materials	<input type="checkbox"/>	<input type="checkbox"/> No
Splices reinforcing materials	<input type="checkbox"/>	<input type="checkbox"/> Yes
PERFORMS PRE-STRESSING/POST-TENSIONING		
Places pre-stressed/post-tensioning systems		
Lays out profile	<input type="checkbox"/>	<input type="checkbox"/> Yes
Places tendons and accessories	<input type="checkbox"/>	<input type="checkbox"/> No
Installs bursting steel and anchorages	<input type="checkbox"/>	<input type="checkbox"/> Yes
Connects tendons to anchorages	<input type="checkbox"/>	<input type="checkbox"/> No
Protects exposed tendons	<input type="checkbox"/>	<input type="checkbox"/> Yes

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Supervisor First and Last Name (Please Print):

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Supervisor's Initials:

JOB TASKS (53)	SUPERVISOR DECLARATION RESPONSE	
Stresses tendons	<input type="checkbox"/>	<input type="checkbox"/> No
Sets up stressing equipment	<input type="checkbox"/> Yes	<input type="checkbox"/>
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

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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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: