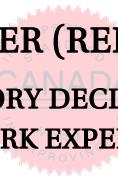


IRONWORKER (REINFORCING)

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.

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

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 (Reinforcing) 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 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

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 (53)	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 PARTICIPATES IN CRANE AND EQUIPMENT MOBILIZATION AND DEMOBILIZATION		
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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I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.

Applicant's Initials:

IRONWORKER (REINFORCING)

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JOB TASKS (53)	DECLARATION RESPONSE	
Attaches rigging equipment to load	<input type="checkbox"/>	Yes
Performs hoisting and positioning operations	<input type="checkbox"/>	Yes
Secures load before rigging removal	<input type="checkbox"/>	Yes
Performs post-lift activities		
Conducts post-lift inspection	<input type="checkbox"/>	Yes
Disassembles rigging, hoisting and positioning equipment	<input type="checkbox"/>	Yes
Maintains rigging, hoisting and positioning equipment	<input type="checkbox"/>	Yes
Participates in mobilization and demobilization of cranes and equipment		
Participates in mobilization of cranes and equipment	<input type="checkbox"/>	Yes
Demobilizes cranes and equipment	<input type="checkbox"/>	Yes
FABRICATES AND INSTALLS REINFORCING MATERIAL		
Fabricates reinforcing materials on-site		
Cuts reinforcing materials	<input type="checkbox"/>	Yes
Bends reinforcing materials	<input type="checkbox"/>	Yes
Installs reinforcing materials		
Places reinforcing materials	<input type="checkbox"/>	Yes
Ties reinforcing materials	<input type="checkbox"/>	Yes
Splices reinforcing materials	<input type="checkbox"/>	Yes
PERFORMS PRE-STRESSING/POST-TENSIONING		
Places pre-stressed/post-tensioning systems		
Lays out profile	<input type="checkbox"/>	Yes
Places tendons and accessories	<input type="checkbox"/>	Yes
Installs bursting steel and anchorages	<input type="checkbox"/>	Yes
Connects tendons to anchorages	<input type="checkbox"/>	Yes
Protects exposed tendons	<input type="checkbox"/>	Yes
Stresses tendons		
Sets up stressing equipment	<input type="checkbox"/>	Yes

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JOB TASKS (53)	DECLARATION RESPONSE	
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. 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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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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IRONWORKER (REINFORCING)

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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:	

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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