

## 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

Legal Last Name:

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 (Reinforcing)" means a person who places and secures rebar in formwork. They work on foundations, walls, slabs, and may prefabricate columns and zones. They also carry, cut, sort and site bend rebar and other materials used in reinforcing various concrete structures.

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:

Legal Middle Name(s):

- 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:

Enter the contact information	- •	ment Information			employer who will not complete an Employer	
Declaration.						
Name of Organization/En	mployer/Business:			Busine only)	ess Registration Number: (Self-Employment	
Business Address (Street	Name/Number, Bu	ilding/Unit Number):			City:	
Province/ State:	Cou	ountry:			Postal Code/ Zip Code:	
Business Phone Number:	Ema	il Address:		Websit	te:	
Enter the dates and numb employment on one form,					nay combine multiple periods of self- ers on separate forms.	
Dates of Employment (M		Total Number Hours of <b>Ironworker (Reinforcing)</b> Experience Accumulated in Period:				
From:	To:					
Job Title of Applicant:			l			



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C. Reason for Statutory Declaratio	n		
Indicate why a Statutory Declaration is required for	this period of employment:		
Applicant was self-employed	Employer will/can not complete Employ	yer Declaration	
Applicants <b>must</b> attempt to contact current or prev	ious employers to request an Employer Declaration to be	filled out and sig	med.
If you have been unable to obtain an Employer Dec you have taken to try to obtain it.	laration for any portion of your non-self-employed work 6	experience, <b>indic</b>	cate the steps
D. Statutory Declaration of Job Tas By checking "Yes" or "No" in the Declaration Respo period indicated in Section B.	sk Performance onse column, indicate whether you have performed the join	b tasks listed bel	ow during the
<b>ЈОВ</b> Т	ASKS (21)		RATION ONSE
Use Safe Work Practices			
Interpretation and comprehension of OH&S	regulations and WorkSafeBC standards	☐ Yes	☐ No
Working in or around confined spaces		Yes	☐ No
Use of fall protection, fall arrest and work pos	itioning equipment maintenance	☐ Yes	☐ No
Use of PPE (Personal Protective Equipment)		☐ Yes	☐ No
Control of workplace hazards such as slip/tri	o, fire, etc.	☐ Yes	☐ No
Use Tools & Equipment			
Use of hand tools (pliers, side cutters, hickeys	etc.)	Yes	☐ No
Use of measurement and layout tools such as	measuring tapes, string lines, spirit levels, etc.	☐ Yes	☐ No
Use of power tools such as hydraulic and elec and oxy/acetylene torches used for cutting re	tric rebar benders and shears as well as gas cut off saws inforcing materials	Yes	☐ No
Enter the applicant's initials on every page of this fo	orm		

Applicant's Initials:

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.



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JOB TAS	DECLARATION RESPONSE		
Organize Work			
Use of trades math to work out dimensions, weig	ghts, spacing in Metric and Imperial units	☐ Yes	☐ No
Interpretation of structural drawings, details and	d specifications for placing reinforcing materials	Yes	☐ No
Use of trades language and non-verbal commun	ication	☐ Yes	☐ No
Packing and handling of materials		☐ Yes	☐ No
Use Rigging, Hoisting & Lifting Equipme	nt		
Selection and use of rigging based on sling confi rectifying unsafe rigging and rigging practices	guration and capacities as well as identifying and	☐ Yes	☐ No
Use of knots and fiber rigging for attachment to of load control	bundles and pre-fabricated members for the purpose	☐ Yes	☐ No
Use of rigging accessories such as snatch blocks	and shackles	☐ Yes	☐ No
Apply Crane Work Procedures			
Working with cranes for hoisting bundles and profession of mobile cranes	Yes	☐ No	
Apply Reinforcing Techniques			
Fabrication of rebar (cutting and bending of stock (columns, zones, beams, etc.)	☐ Yes	☐ No	
Laying out, marking and placing of reinforcing s	☐ Yes	☐ No	
Apply Pre-Stressing/Post-Tensioning Te	chniques		
Installation of mono strand un-bonded post ten	Yes	☐ No	
Installation of mono and multi strand bonded p	Yes	☐ No	
Installation of grout in bonded post tensioned sy	☐ Yes	☐ No	
E. Applicant Signature  I certify that the information I have provided is true ar accordance with the provisions of the Freedom of Info		onal information o	on this form is in
Applicant Name (please print):	Date: (MM/DD/YYYY)		
Enter the applicant's initials on every page of this form I hereby certify, that to the best of my knowledge, th		Applicant's Ini	tials:



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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.

Relationship to Applicant:		Former Empl	ovee			Contractor		Supplier
		Co-worker	.,			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Lan	iguage(s) tl	nat ref	erence can communi	cate:	(Check all that apply)
				English				Other (specify):
Organization/Business Name:						Position/Title:		
Phone Number:						Email Address:		
2. Reference								
Relationship to Applicant:		Former Empl	oyee			Contractor		Supplier
		Co-worker				Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:			Lan	guage(s) th	nat ref	erence can communio	cate:	(Check all that apply)
				English				Other (specify):
Organization/Business Name:						Position/Title:		
Phone Number:						Email Address:		
3. Reference								
Relationship to Applicant:		Former Empl	ovee			Contractor		Supplier
1 11		Co-worker	Ĭ			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Lan	guage(s) th	nat ref	erence can communio	cate:	(Check all that apply)
				English				Other (specify):
Organization/Business Name:						Position/Title:		
Phone Number:						Email Address:		