LATHER
(INTERIOR SYSTEMS MECHANIC)
EMPLOYER 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 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.

A "Lather (Interior Systems Mechanic)" performs job layout using blueprints, and installs, handles, erects and applies materials that are component parts in the construction of ceilings and walls. Lathers install support frameworks for ceiling systems, interior and exterior walls, build interior partitions and install drywall and other sheathing on walls and ceilings. They also install curtain walls, fire and sound systems, acoustical installations, access flooring, demountable partitions, shielded walls, and apply building envelope technologies.

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 **9,000 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:

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 **Lather (Interior Systems Technician)** Experience Accumulated in Period:
Job Title of Applicant:	

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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) ☐ English ☐ 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 Safety-Related Functions		
Maintains safe work environment	☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Uses Tools And Equipment		
Uses hand tools	☐ Yes	☐ No
Uses power tools and equipment	☐ Yes	☐ No
Uses powder-actuated tools	☐ Yes	☐ No
Uses gas-actuated tools	☐ Yes	☐ No
Uses pneumatic tools	☐ Yes	☐ No
Uses layout and measuring devices	☐ Yes	☐ No
Uses scaffolding and access equipment	☐ Yes	☐ No
Organizes Work		
Uses documentation and reference materials	☐ Yes	☐ 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:

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JOB TASKS (53)	SUPERVISOR DECLARATION RESPONSE	
Uses blueprints and drawings	☐ Yes	☐ No
Plans project tasks	☐ Yes	☐ No
Estimates materials and supplies	☐ Yes	☐ No
Performs Routine Trade Activities		
Performs measurements	☐ Yes	☐ No
Uses jigs and templates	☐ Yes	☐ No
Handles materials, supplies and products	☐ Yes	☐ No
Lays out work	☐ Yes	☐ No
Applies sealants and gaskets	☐ Yes	☐ No
Uses Communication And Mentoring Techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
Erects Non Load-Bearing Steel Assemblies		
Frames non load-bearing walls	☐ Yes	☐ No
Frames spanned ceilings	☐ Yes	☐ No
Frames suspended drywall ceilings	☐ Yes	☐ No
Frames non load-bearing bulkheads	☐ Yes	☐ No
Installs metal door and window frames	☐ Yes	☐ No
Installs backing	☐ Yes	☐ No
Erects Load-Bearing Steel Assemblies		
Frames load-bearing walls	☐ Yes	☐ No
Frames exterior ceilings and soffits	☐ Yes	☐ No

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JOB TASKS (53)	SUPERVISOR DECLARATION RESPONSE	
Frames load-bearing bulkheads	☐ Yes	☐ No
Frames load-bearing floors	☐ Yes	☐ No
Frames load-bearing roofs	☐ Yes	☐ No
Installs Wall Systems And Components		
Installs demountable walls	☐ Yes	☐ No
Installs drywall	☐ Yes	☐ No
Finishes drywall	☐ Yes	☐ No
Install drywall trims and mouldings	☐ Yes	☐ No
Installs security mesh	☐ Yes	☐ No
Installs access panels	☐ Yes	☐ No
Installs Ceiling Systems		
Installs suspended component ceilings	☐ Yes	☐ No
Installs non-suspended ceilings	☐ Yes	☐ No
Installs Access Flooring Systems		
Installs pedestals and supporting hardware	☐ Yes	☐ No
Installs flooring panels	☐ Yes	☐ No
Installs Sound Barriers And Lead Radiation Shielding		
Installs sound barriers	☐ Yes	☐ No
Installs lead radiation shielding	☐ Yes	☐ No
Installs Smoke And Fire Barriers		
Installs shaft wall systems	☐ Yes	☐ No
Seals penetrations	☐ Yes	☐ No

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JOB TASKS (53)	SUPERVISOR DECLARATION RESPONSE	
Encloses beams, columns and staircases to achieve desired fire rating	☐ Yes	☐ No
Installs Insulation And Membranes		
Installs thermal insulation	☐ Yes	☐ No
Installs interior/exterior membranes	☐ Yes	☐ No
Prepares Surface For Exterior Finishes		
Installs exterior sheathing	☐ Yes	☐ No
Installs lath	☐ Yes	☐ No
Installs Exterior Insulation Finish System (EIFS)	☐ Yes	☐ No
Installs Exterior Finishes		
Fabricates panels	☐ Yes	☐ No
Installs pre-manufactured panels	☐ Yes	☐ 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)

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: