LATHER
(INTERIOR SYSTEMS MECHANIC)
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.

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

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 **Lather (Interior Systems Technician)** 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 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

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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JOB TASKS (53)	DECLARATION RESPONSE	
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
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

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JOB TASKS (53)	DECLARATION RESPONSE	
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
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

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JOB TASKS (53)	DECLARATION RESPONSE	
Installs Smoke And Fire Barriers		
Installs shaft wall systems	☐ Yes	☐ No
Seals penetrations	☐ Yes	☐ No
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. 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)

Enter the applicant's initials on every page of this form

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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:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

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

3. Reference

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

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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: