

EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service 800 – 8100 Granville Ave Richmond, BC V6Y 3T6

Tel: 778-328-8700 Fax: 778-328-8701

Legal Last Name:

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.

Legal Middle Name(s):

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.

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 **7,425 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 name of the individual for whom this form is being completed.

Enter the supervisor and applicant names (repeat on every page of this form)

B. Employment Information o	of Applicant		
Enter the business information for the application		nt declared for this trad	e.
Name of Organization/Employer/Business:			
Mailing Address:			City:
Province/ State:	Country:		Postal Code/ Zip Code:
Business Phone Number:	Website:		
Enter the dates and number of hours for thi	s period of employment.		
Dates of Applicant's Employment (MM/DD/YYY	Y):	Total Number Hours of	f Roofer Experience Accumulated in that Period:
From: To:			
Job Title of Applicant:			

Applicant First and Last Name:

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Supervisor First and Last Name:



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C. Supervisor Contact Information

First and Last Name of Applicant's Direct Supervisor:

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.

Supervisor Position or Title:

Supervisor's Phone Number:	Supervisor E-Mail Address:	
Language(s) that the employer/supervisor can communicate: □ English □ Other	(check all that apply) (please specify):	
D. Supervisor Declaration of Job Task F By checking "Yes" or "No" in the Declaration Response co personally witnessed the applicant performing the job tas	olumn, indicate whether you, as the direct supervisor of the	applicant, have
Job Tasks (80)		Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS Maintains safe work environment		Yes:
Uses personal protective equipment (PPE) and	safety equipment	Yes:
USES TOOLS AND EQUIPMENT Uses hand tools		Yes: No:
Uses power tools, pneumatic tools, and hot-air	welding, induction and fuelled equipment	Yes:
Uses hoisting, lifting and rigging equipment		Yes: ☐ No: ☐
Uses access equipment		Yes: □ No: □
Uses hot process equipment		Yes:
Uses motorized equipment		Yes: No:
ORGANIZES WORK Uses documentation and reference materials		Yes:
Interprets blueprints and drawings		Yes:
Enter the supervisor and applicant names (repeat on ever	ry page of this form)	<u> </u>
Supervisor First and Last Name:	Applicant First and Last Name:	



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Job Tasks (80)	Decla: Resp	ration onse
Estimates material	Yes:	
	No:	
Assesses worksite conditions	Yes:	
	No:	
Positions equipment and material on the ground and on the roof	Yes:	
	No:	
Prepares material disposal systems	Yes:	
	No:	
Evaluates roof conditions near rooftop equipment installations	Yes:	
HERE COMMITMICATION AND MENTIONING TRAINING TRA	No:	
USES COMMUNICATION AND MENTORING TECHNIQUES Uses communication techniques	Yes:	
•	No:	
Uses mentoring techniques	Yes:	
DREDA DEC DOOF FOR DEDI ACCIMENT	No:	
PREPARES ROOF FOR REPLACEMENT Protects surrounding area	Yes:	
	No:	
Removes loose debris	Yes:	
	No:	
Removes roofing and flashings	Yes:	
	No:	
Prepares roof substrate	Yes:	
	No:	
Performs minor adjustments to penetrations, curbs and parapets	Yes:	
DREDADES DECV EOD DOOE INSTALLATION	No:	
PREPARES DECK FOR ROOF INSTALLATION Inspects deck	Yes:	
	No:	
Cleans surface of deck	Yes:	
	No:	
Verifies placement of roof penetrations, curbs and parapets	Yes:	
	No:	
Dries deck	Yes:	
	No:	
Enter the supervisor and applicant names (repeat on every page of this form) Applicant First and Last Name:		



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Job Tasks (80)		Declar Resp	
APPLIES LOW SLOPE ROOFING COMPONENTS Installs support panels		Yes: No:	
Primes substrate		Yes: No:	
Applies vapour retarder, vapour barrier and air barrier		Yes: No:	
Installs insulation		Yes: No:	
Installs cover board		Yes: No:	
Installs drains, vents, curbs and penetrations		Yes: No:	
Applies ballast, walkways and protective surfaces		Yes: No:	
Installs metal flashings		Yes: No:	
APPLIES LOW SLOPE ROOFING MEMBRANES Relaxes membranes		Yes: No:	
Sets membranes		Yes: No:	
Applies membranes using hot-liquid process		Yes: No:	
Applies membranes using torched-on method		Yes: No:	
Applies membranes using hot-air welding		Yes: No:	
Applies membranes using cold applied methods		Yes: No:	
Applies membranes using mechanical fasteners		Yes: No:	
Applies loose-laid membranes		Yes: No:	
Enter the supervisor and applicant names (repeat on every page of	of this form)		_
Supervisor First and Last Name:	Applicant First and Last Name:		



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Job Tasks (80)		Declaration Response	
Applies liquid-applied membranes		Yes: No:	
Installs membrane flashings		Yes: No:	
Installs temporary seals and temporary drains		Yes: No:	
PERFORMS COMMON STEEP SLOPE PRACTICES Installs steep slope underlayment		Yes: No:	
Installs steep slope venting		Yes: No:	
Installs steep slope valley applications		Yes: No:	
Installs steep slope saddles/crickets		Yes: No:	
Installs steep slope penetration flashings		Yes: No:	
APPLIES SHINGLES Determines layout of shingles		Yes: No:	
Installs starter strip and starter course		Yes: No:	
Fastens shingles		Yes: No:	
Cuts shingles		Yes: No:	
Tabs shingles		Yes: No:	
Installs metal flashings for shingled roofs		Yes:	

Enter the supervisor and applicant names (repeat on every page of this form)

Installs battens/strapping for roof tiles

Supervisor First and Last Name:	Applicant First and Last Name:

No:

Yes:

No:

Yes: No: APPLIES ROOF TILES

Fastens roof tiles



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Job Tasks (80)	Declar Respo	
Cuts roof tiles	Yes: No:	
Installs closure strips for roof tiles	Yes: No:	
Installs ridge and hip caps	Yes: No:	
Installs metal flashings for tiled roofs	Yes: No:	
APPLIES PRE-FORMED METAL ROOFING Installs battens/strapping for pre-formed metal roofing	Yes: No:	
Fastens pre-formed metal roofing	Yes: No:	
Cuts sheet metal	Yes: No:	
Installs closure strips for pre-formed metal roofing	Yes: No:	
Installs snow guards	Yes: No:	
Installs metal flashings for pre-formed metal roofs	Yes: No:	
WATERPROOFS SURFACES Prepares waterproofing substrates	Yes: No:	
Applies waterproofing membrane	Yes: No:	
Installs green, sustainable, vegetative and protected membrane components	Yes: No:	
DAMP-PROOFS SURFACES Applies damp-proofing materials	Yes: No:	
Applies protection layer	Yes: No:	
ASSESSES ROOF CONDITION Performs roof inspections	Yes: No:	
Enter the supervisor and applicant names (repeat on every page of this form)		
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Job Tasks (80)			Decla Resp	ration onse
Performs cut test			Yes:	
			No:	
Determines maintenance or repair re	equired		Yes:	
			No:	
MAINTAINS AND REPAIRS LOW SLOPE RO	OFING		Yes:	
Maintains low slope roofing			No:	
Repairs low slope roofing			Yes:	
			No:	
MAINTAINS AND REPAIRS STEEP SLOPE R	OOFING		Yes:	
Maintains steep slope roofing			No:	
Repairs steep slope roofing			Yes:	
			No:	
E. Supervisor Signature I certify that the information I, as the current or protection of personal information on this form Act.)				
Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM	M/DD/YY	YY)

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:

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