SKILLED TRADES BC

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

ROOFER
EMPLOYER DECLARATION OF WORK EXPERIENCE

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.

"Roofers" install, repair, maintain and replace roofing systems. They work with membrane roofing systems that consist of a variety of materials with different application methods. They also install, replace, maintain and repair shingles, slates, shakes, roofing tiles, sheet metal and other pre-formed sheeting on sloped roofs. They also weatherproof, waterproof, and damp-proof roofing surfaces, foundation walls, floor slabs and bridge decks. The work environment is exposed and may vary from extreme cold to extreme heat.

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

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 **Roofer** 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 (80)	SUPERVISOR DECLARATION RESPONSE	
Performs Safety-Related Functions		
Maintains safe work environment	☐ Yes	☐ No
Uses personal protective	☐ Yes	☐ No
Uses Tools And Equipment		
Uses hand tools	☐ Yes	☐ No
Uses power tools, pneumatic tools, and hot-air welding, induction and fueled equipment	☐ Yes	☐ No
Uses hoisting, lifting and rigging equipment	☐ Yes	☐ No
Uses access equipment	☐ Yes	☐ No
Uses hot process equipment	☐ Yes	☐ No
Uses motorized equipment	☐ Yes	☐ No
Organizes Work		
Uses documentation and reference materials	☐ Yes	☐ No
Interprets blueprints and drawings	☐ Yes	☐ No
Estimates material	☐ 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 (80)	SUPERVISOR DECLARATION RESPONSE	
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	☐ No
Uses Communication And Mentoring Techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ 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	☐ 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
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

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JOB TASKS (80)	SUPERVISOR DECLARATION RESPONSE	
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-liquids 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
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

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JOB TASKS (80)	SUPERVISOR DECLARATION RESPONSE	
Tabs shingles	☐ Yes	☐ No
Installs metal flashing for shingled roofs	☐ Yes	☐ No
Applies Roof Tiles		
Installs battens/strapping for roof tiles	☐ Yes	☐ No
Fasten roof tiles	☐ Yes	☐ No
Cuts roof tiles	☐ Yes	☐ No
Installs closure strips for roof tiles	☐ Yes	☐ No
Installs ridge and hip caps	☐ Yes	☐ No
Installs metal flashing 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, vegetive 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

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JOB TASKS (80)	SUPERVISOR DECLARATION RESPONSE	
Performs cut test	☐ Yes	☐ No
Determines maintenance or repair required	☐ Yes	☐ No
Maintains And Repairs Low Slope Roofing		
Maintains low slope roofing	☐ Yes	☐ No
Repairs low slope roofing	☐ Yes	☐ No
Maintains And Repairs Steep Slope Roofing		
Maintains steep slope roofing	☐ Yes	☐ No
Repairs steep slope roofing	☐ 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: