ROOFER
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.

"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

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 **Roofer** 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 (80)	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

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 (80)	DECLARATION RESPONSE	
Uses motorized equipment	☐ Yes	☐ No
Organizes Work		
Uses documentation and reference materials	☐ Yes	☐ No
Interprets blueprints and drawings	☐ Yes	☐ No
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	☐ 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

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JOB TASKS (80)	DECLARATION RESPONSE	
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-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

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JOB TASKS (80)	DECLARATION RESPONSE	
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 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

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JOB TASKS (80)	DECLARATION RESPONSE	
Damp-Proofs Surfaces		
Applies damp-proofing materials	☐ Yes	☐ No
Applies protection layer	☐ Yes	☐ No
Assesses Roof Condition		
Performs roof inspections	☐ Yes	☐ No
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. 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)

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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 ☐ Co-worker		☐ Contractor ☐ Client	☐ Supplier ☐ 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 ☐ Co-worker		☐ Contractor ☐ Client	☐ Supplier ☐ 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 ☐ Co-worker		☐ Contractor ☐ Client	☐ Supplier ☐ 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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