

ROOFER

STATUTORY DECLARATION OF WORK EXPERIENCE

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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.

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 R	egistration Number: (Self-Employment only)
Mailing Address:			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)	:	Total Number Hours of Roofer Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

ame(s):	Legal Last Name:



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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/c

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. If sufficient evidence of steps taken is not provided, the application may not be approved.

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)	Declar Resp	
PERFORM 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, pneumatic tools, and hot-air welding, induction and fuelled 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 name (repeat on every page of this form)

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

roofer-statutory-declaration-september-2022



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Job Tasks (80)	Decla Resp	ration oonse
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:	

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



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Job Tasks (80)	Decla Resp	ration onse
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	Yes:	
Installs support panels	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	Yes:	
Relaxes membranes	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:	

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Job Tasks (80)		laration sponse
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:	
Tabs shingles	Yes: No:	

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Job Tasks (80)	Decla Resp	
Installs metal flashings for shingled roofs	Yes: No:	
APPLIES ROOF TILES Installs battens/strapping for roof tiles	Yes: No:	
Fastens 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 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:	

iddle Name(s):	Legal Last Name:



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Job Tasks (80)		claration esponse	
DAMP-PROOFS SURFACES	Yes	s: 🗆	
Applies damp-proofing materials	No): 🗆	I
Applies protection layer	Yes	s: 🗌	
	No): 🗌	I
ASSESSES ROOF CONDITION	Yes	s: 🗌	
Performs roof inspections	No): 🗆	I
Performs cut test	Yes	s: 🗌	
	No): 🗌	I
Determines maintenance or repair required	Yes	s: 🗌	
	No): 🗆	I
MAINTAINS AND REPAIRS LOW SLOPE ROOFING	Yes	s: 🗆	
Maintains low slope roofing	No): 🗌	
Repairs low slope roofing	Yes	s: 🗌	
	No): 🗆	I
MAINTAINS AND REPAIRS STEEP SLOPE ROOFING	Yes	s: 🗌	
Maintains steep slope roofing	No		
Repairs steep slope roofing	Yes	s: 🗌]
	No): 🗌	I

E. Applicant Signature

I certify that the information I have provided is 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)

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



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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 Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	nat ref	ference can commun	icate:	(Check all that apply)
			English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		

2. Reference

Relationship to Applicant:		Former Empl Co-worker	oyee		Contractor Client		Supplier Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	nat ref	erence can communi	icate:	(Check all that apply) Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		

3. Reference

Relationship to Applicant:		Former Empl Co-worker	oyee		Contractor Client		Supplier Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Referenc	e:		Language(s) t	hat ref	ference can communi	cate:	(Check all that apply)
			English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		

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