ARCHITECTURAL SHEET METAL WORKER

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.

"Architectural Sheet Metal Worker" means a person who has the product knowledge and skills to prepare, repair and fabricate components for, metal roofs, metal walls and other exterior wall products, composite panels insulation, membranes and waterproofing, ventilators and curbs, flashings, gutters, downspouts, louvers, soffits, skylights and metal doors.

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 **7,200 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 **Architectural Sheet Metal Worker** 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 (42)	SUPERVISOR DECLARATION RESPONSE	
Uses safe work practices		
Uses Personal Protective Equipment	☐ Yes	☐ No
Uses WorkSafeBC Regulations	☐ Yes	☐ No
Uses GHS (WHMIS)	☐ Yes	☐ No
Identifies Hazards and Emergency Procedures	☐ Yes	☐ No
Selects Fire Extinguishers	☐ Yes	☐ No
Uses tools and equipment		
Uses Hand Tools	☐ Yes	☐ No
Uses Power Tools	☐ Yes	☐ No
Uses Powder Actuated Tools	☐ 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 (42)	SUPERVISOR DECLARATION RESPONSE	
Uses Shop Equipment	☐ Yes	☐ No
Uses Ladders, Scaffolds and Platforms	☐ Yes	☐ No
Uses Fasteners and Sealants	☐ Yes	☐ No
Organizes work		
Interprets Drawings and Specifications	☐ Yes	☐ No
Estimates Materials	☐ Yes	☐ No
Communicate with Others	☐ Yes	☐ No
Measures and Sketches Shop Project Components	☐ Yes	☐ No
Identify Metals and Properties	☐ Yes	☐ No
Uses trade math		
Uses Basic Trade Math	☐ Yes	☐ No
Solves Problems Using Formulas	☐ Yes	☐ No
Solves Problems Using Pythagorean Theorem	☐ Yes	☐ No
Solves Problems Using Trigonometry	☐ Yes	☐ No
Examines systems		
Identifies Systems	☐ Yes	☐ No
Identifies Support Structures	☐ Yes	☐ No
Identifies Building Envelope	☐ Yes	☐ No
Examines Wall Systems	☐ Yes	☐ No
Examines Roof Systems	☐ Yes	☐ No
Examines Specialty Products	☐ Yes	☐ No
Examines Specialty System Components/ Accessories	☐ Yes	☐ No
Fabricates products and components		
Seams, Locks, Edges and Joints	☐ Yes	☐ No
Fabricates Components	☐ Yes	☐ No
Installs products		
Uses Hoisting, Lifting and Rigging Equipment	☐ Yes	☐ No

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JOB TASKS (42)	SUPERVISOR DECLARATION RESPONSE	
Installs Roofing and Wall Components	☐ Yes	☐ No
Prepares Substrate	☐ Yes	☐ No
Installs Specialty Components	☐ Yes	☐ No
Layouts and develops patterns		
Uses Drafting Equipment for Geometric Construction	☐ Yes	☐ No
Draws Orthographic and Pictorial Drawings	☐ Yes	☐ No
Produces Patterns Using Parallel Line Development	☐ Yes	☐ No
Produces Patterns Using Radial Line Development	☐ Yes	☐ No
Produces Patterns Using Triangulation	☐ Yes	☐ No
Welds and solders		
Cutting Techniques	☐ Yes	☐ No
Selects and Uses Welding Equipment for SMAW	☐ Yes	☐ No
Selects and Uses Welding Equipment for GMAW	☐ Yes	☐ No
Demonstrates Soldering Techniques	☐ 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

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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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:	

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: