

RESIDENTIAL BUILDING MAINTENANCE WORKER

EMPLOYER 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 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.

A “Residential Building Maintenance Worker” means a person who maintains and repairs buildings (single family unit, multi-unit low-rise and high-rise) including minor carpentry, drywall, electrical, flooring, painting, plumbing, refrigeration and ventilation, and roofing repairs, maintenance, inspections, testing and problem-identification; and including the same for simple commercial, institutional and mixed-use buildings, within BC Safety Authority and WCB regulations.

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 **6,750 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:
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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 Residential Building Maintenance Worker 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)	
<input type="checkbox"/> English <input type="checkbox"/> 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 (109)	SUPERVISOR DECLARATION RESPONSE	
Describe Building Maintenance Work		
Describe Types of Buildings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Building Maintenance Industry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Building Maintenance Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use Basic Trade Terminology	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use Safe Work Practices		
Obtain Level 1 First Aid Certification, Transport Endorsement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Obtain WHMIS Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify WCB Safety Regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Practice Fire Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use and Maintain Personal Safety Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use and Maintain Ladders, Scaffolding & Platforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safely Enter Confined Spaces and Use Air Packs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify Lock Out Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (109)	SUPERVISOR DECLARATION RESPONSE	
Perform Trades Math & Financial Calculations		
Perform Conversions to and from Metric and Imperial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform Arithmetic Functions with Whole Numbers & Fractions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform Basic Plane (2D) Geometry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform Estimating Calculations for Materials & Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform Budget Calculations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepare Basic Budget Spreadsheets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use & Maintain Tools		
Use and Maintain Hand Tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use and Maintain Power Tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use and Maintain Shop Tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use Measuring & Testing Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disassemble Sharpen & Reassemble Cutting Tools and Obtains Powder Actuated Tool Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use Lifting and Hoisting Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use a personal computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Building Structure and Design		
Apply Federal, Provincial & Local Codes & Bylaws	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpret Blueprints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify Residential Concrete Technology	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify Structural Elements in Wood Frame Construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify Fire and Life Safety Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preparing Basic Shop Drawings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prevent and Remediate Mould Issues		
Describe Types and Causes of Mould	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recognize and Prevent Mould Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (109)	SUPERVISOR DECLARATION RESPONSE	
Remediating Mould Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform Carpentry Repairs and Maintenance		
Identify Carpentry Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair & Maintain Stairs, Landings, Handrails & Decks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Cabinets, Countertops & Shelving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair, Maintain & Replace Hardware	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Concrete	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify & Repair Structural Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair, Maintain & Replace Windows and Doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair and Maintain Baseboards, Moldings and Casings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify and Locate Cladding Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify Infestation Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assess need for a Journeyperson and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Drywall		
Identify Drywall Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patches Holes in Gyproc, Plaster and Lath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tapes, Mud and Install Beads	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sand & Finishes Gyproc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Insulation and Vapour Barriers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assess need for a Journeyperson and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply Public Relations Skills		
Demonstrate Interpersonal Skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain Effective Homeowner and Tenant Relations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct Homeowner and Tenant Orientations and Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (109)	SUPERVISOR DECLARATION RESPONSE	
Liaise with Regulatory Officials and Inspectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair and Maintain Plumbing		
Identify Plumbing Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair and Maintain Plumbing Fixture Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Implement Replacement of Piping & Hot Water Tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify and Locates Plumbing Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assess need for a Journeyman and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair and Maintain Roofing		
Identify Roofing Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair, Maintain & Replace Gutters & Downspouts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair & Replace Flashings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair & Maintain Shakes and Shingles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair & Maintain Panel Roofing Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair & Maintain Venting Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply Roof Patching Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs Roof Decks & Sheathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify Roofing & Weatherproofing Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessing need for Journeyman and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair and Maintain Flooring		
Identify Flooring Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preparing Substrate for Flooring (Lino, Tile & Carpet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair & Replace Ceramic Tile	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairing, Maintain & Replace Underlay, Carpets, Rolled Goods and Tile	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain Hardwood Flooring	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Identify and Locating Flooring Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair and Laying Vinyl Flooring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assess need for Journeyperson and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair and Maintain Heating and Ventilation Systems		
Identify Heating System Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Replace Thermostats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Replace Baseboard Heater Thermostats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect and Maintain Chimneys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect and Replace Furnace Belts, Fans & Filters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Heat Recovery Ventilation Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basic Refrigeration and Boiler Theory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify and Locating Heating Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify, Testing for Ventilation Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform minor repairs and implement maintenance of furnaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessing need for Journeyperson and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform RBMW Administrative Duties		
Maintain Records	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completing Forms and Permits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Procure Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scheduling Work, Including Sub-Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Estimating Costs, Including Sub-Contractor Prices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform Maintenance Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assess the Retrofitting of Buildings for Accessibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Basic Building Sciences		
Describe the Forces Acting on a Building	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe the Heat and Sound Transfer Principles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Air and Moisture Movement in a Building	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair and Maintain Electrical		
Identify Electrical Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Replace and Relocating Existing Receptacles & Switches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Testing for Household Appliance Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Testing for Electrical Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assesses Need for a Journeyman and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply Paint and Wall Coverings		
Identify Painting Materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepare Surfaces for Paint & Stain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepare Surfaces for Prime, Paint & Stain Surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applying Wall Coverings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assess Need for a Journeyman and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)
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