

**RESIDENTIAL BUILDING MAINTENANCE  
WORKER  
STATUTORY DECLARATION  
OF WORK EXPERIENCE**

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.

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### 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 <b>Residential Building Maintenance Worker</b> 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.**

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**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 (109)	DECLARATION RESPONSE	
<b>Describe Building Maintenance Work</b>		
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
<b>Use Safe Work Practices</b>		
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

*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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## RESIDENTIAL BUILDING MAINTENANCE WORKER STATUTORY DECLARATION OF WORK EXPERIENCE

JOB TASKS (109)	DECLARATION RESPONSE	
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
<b>Perform Trades Math &amp; Financial Calculations</b>		
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
<b>Use &amp; Maintain Tools</b>		
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
<b>Describe Building Structure and Design</b>		
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
<b>Prevent and Remediate Mould Issues</b>		
Describe Types and Causes of Mould	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (109)	DECLARATION RESPONSE	
Recognize and Prevent Mould Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remediating Mould Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Perform Carpentry Repairs and Maintenance</b>		
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 Journeyman and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Repair Drywall</b>		
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 Journeyman and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Apply Public Relations Skills</b>		
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
Liaise with Regulatory Officials and Inspectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**RESIDENTIAL BUILDING MAINTENANCE  
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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

JOB TASKS (109)	DECLARATION RESPONSE	
<b>Repair and Maintain Plumbing</b>		
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 Journeyperson and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Repair and Maintain Roofing</b>		
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 Journeyperson and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Repair and Maintain Flooring</b>		
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
Identify and Locating Flooring Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Repair and Laying Vinyl Flooring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assess need for Journeyman and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Repair and Maintain Heating and Ventilation Systems</b>		
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 Journeyman and/or Licensed Contractor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Perform RBMW Administrative Duties</b>		
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
<b>Basic Building Sciences</b>		
Describe the Forces Acting on a Building	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (109)	DECLARATION RESPONSE	
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
<b>Repair and Maintain Electrical</b>		
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
<b>Apply Paint and Wall Coverings</b>		
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. 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:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

### 2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

### 3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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