

FLOOR COVERING INSTALLER

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

Legal Last Name:

customerservice@skilledtradesbc.ca

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 6,840 hours performing the tasks listed in Section D, and
- experience performing at least 70% of the job tasks listed in Section D

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form 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 by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

Legal Middle Name(s):

A. Applicant Name

Legal First Name:

Enter the name of the individual for whom this form is being completed.

Enter the Supervisor and Applicant names from Page 1 on every page of this form

-	Contact Information tact information for the per		ed the applicant at this employer. Ensure the information given	
		erson cannot be contacted b		
Name of Organization/Em	ployer/Business:			
First and Last Name of Applicant's Direct Supervisor:		Supervis	Supervisor Position or Title:	
Suite Number: Stree	t Number and Name:			
City:	Provi	ince:	Postal Code:	
City: Business Number:		ince: le Phone Number:)	Postal Code: Supervisor E-Mail Address:	
Business Number: ()		le Phone Number:)		
Business Number: ()	Mobil (t Information of Ap	le Phone Number:) plicant	Supervisor E-Mail Address: umber Hours of Floor Covering Installer Experience Accumulated i	

Applicant First and Last Name:

Supervisor First and Last Name:



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D. Supervisor Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Job Tasks			Declaration Response			
Occupational Skills						
Including: Using tools and equipment, Organizing work, Identifying materials, Assessing floor.			No:			
Floor Preparation						
Including: Removing existing floorcovering and accessories, Preparing substrate, Installing underlayment.						
Carpet						
Including: Installing carpets, Performing specialized carpet procedures, Installing carpet on stairs, Servicing carpet installations.						
Resilient Flooring			Yes:			
Including: Installing resilient tiles, Installing resilient sheet goods, Performing specialized resilient flooring procedures, Installing specialty flooring products and accessories, Servicing resilient flooring installations.						
Wood and Laminate Flooring						
Including: Installing pre-finished hardwood, engineered wood and laminate flooring, Servicing pre-finished hardwood, engineered wood and laminate flooring.			Yes: No:			
For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials. There are no prerequisite credentials or certificates for this trade. F. Supervisor Signature I certify that the information I, as the current or former direct supervisor of the applicant, 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.)						
Supervisor name (Please Print):	Supervisor Signature:	Signature: Date Signed: (M		M/DD/YYYY)		
Enter the Supervisor and Applicant names from Page 1 on every page of this form Supervisor First and Last Name: Applicant First and Last Name:						