

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 **9990 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)
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 Glazier Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

Enter the applicant name (repeat on every page of this form)

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

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.** 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 (53)	Declaration Response
PERFORMS SAFETY RELATED FUNCTIONS Maintains a safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES TOOLS AND EQUIPMENT Uses hand tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses portable and stationary power tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses layout and measuring equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES RIGGING, HOISTING AND LIFTING EQUIPMENT Uses rigging equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the applicant name (repeat on every page of this form)

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

Job Tasks (53)	Declaration Response
Uses hoisting and lifting equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ORGANIZES WORK Uses documentation and reference material	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interprets plans, drawings and specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares list of materials and supplies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plans project tasks	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORMS ROUTINE TRADE ACTIVITIES Prepares worksite	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Handles glass and other materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares materials for installation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Stores glass and other materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs glass cutting and edge treatment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs building envelope membranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs flashing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies sealants	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES COMMUNICATION AND MENTORING TECHNIQUES Uses communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
FABRICATES COMMERCIAL WINDOW AND DOOR SYSTEMS Fabricates curtain walls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the applicant name (repeat on every page of this form)

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

Job Tasks (53)	Declaration Response
Fabricates storefronts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fabricates window systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fabricates skylights and sloped glazing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fabricates entrance systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS COMMERCIAL WINDOW AND DOOR SYSTEMS Lays out commercial window and door systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs curtain wall systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs storefront systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs window systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs skylights and sloped glazing systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs entrance systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS RESIDENTIAL WINDOW SYSTEMS Lays out residential window systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sets windows in openings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Glazes windows	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
INSTALLS RESIDENTIAL DOOR SYSTEMS Lays out residential door systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assembles residential door frames	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sets residential doors and frames	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the applicant name (repeat on every page of this form)

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GLAZIER
**STATUTORY DECLARATION
OF WORK EXPERIENCE**

Job Tasks (53)	Declaration Response
Installs residential door hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Glazes residential doors	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
FABRICATES AND INSTALLS COMMERCIAL SPECIALTY GLASS AND PRODUCTS Lays out commercial specialty glass and products	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assembles commercial specialty glass, products and hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs commercial specialty glass, products and hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
FABRICATES AND INSTALLS RESIDENTIAL SPECIALTY GLASS AND PRODUCTS Lays out residential specialty glass and products	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assembles residential specialty glass, products and hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs residential specialty glass, products and hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICES COMMERCIAL WINDOW AND DOOR SYSTEMS Assesses service requirements for commercial window and door systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs commercial window and door systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICES RESIDENTIAL WINDOW AND DOOR SYSTEMS Assesses service requirements for residential window and door systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs residential window and door systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICES SPECIALTY GLASS AND PRODUCTS Assesses service requirements for specialty glass and products	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs specialty glass and products	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the applicant name (repeat on every page of this form)

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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**GLAZIER
CANADA
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

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)
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Enter the applicant name (repeat on every page of this form)

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:		
<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:	

Enter the applicant name (repeat on every page of this form)

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