

**TILESETTER  
EMPLOYER DECLARATION  
OF WORK EXPERIENCE**

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

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**.

**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. Supervisor Contact Information**

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

Name of Organization/Employer/Business:		
First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:	
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ( )	Mobile Phone Number: ( )	Supervisor E-Mail Address:

**C. Employment Information of Applicant**

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of <b>Tilesetter</b> Experience Accumulated in that Period:
Job Title of Applicant:	

*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:
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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
<b>Occupational Skills</b> Interpreting occupational documentation, Organizing work, Communicating in the workplace, Using and maintaining tools and equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Substrate Preparation</b> Removing existing finishes, Determining suitability of substrate, Preparing surface.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Layouts</b> Squaring area, Laying out grid lines, Installing divider strips.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Material Preparation</b> Inspecting materials, Cutting and pre-finishing material, Mixing setting materials, Mixing terrazzo.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Material Setting</b> Installing tiles, Installing stone slabs, Pouring terrazzo mixture.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Finishing</b> Finishing installed product, Finishing terrazzo.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

**E. Confirmation of Prerequisite Credentials or Certificates**

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:	Date Signed: (MM/DD/YYYY)
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*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:
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