

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.

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 **7,290 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Note: To obtain a SkilledTradesBC certification in this trade via challenge, successful completions of the following two exams are required: the practical exam and the Inter-Provincial written exam. The written exam component will be administered by SkilledTradesBC. The practical exam component is being administered by the Trowell Trades Association on behalf of SkilledTradesBC. Scheduling and payment for the practical exam must be arranged through the Trowell Trades Association. For further information regarding the practical exam and the fee structure, please go to the Trowell Trades website at www.ttta.ca.

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: |
|-------------------|-----------------------|------------------|

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: | | |
| Mailing Address: | | 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): | | Total Number Hours of Bricklayer Experience Accumulated in that Period: |
| From: | To: | |
| Job Title of Applicant: | | |

Enter the supervisor and applicant names (repeat on every page of this form)

| | |
|---------------------------------|--------------------------------|
| Supervisor First and Last Name: | Applicant First and Last Name: |
|---------------------------------|--------------------------------|

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 (79) | Declaration Response |
|--|---|
| PERFORMS SAFETY-RELATED FUNCTIONS Maintains 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 AND MAINTAINS TOOLS AND EQUIPMENT Maintains tools and equipment | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Uses rigging, hoisting and lifting equipment | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Uses access equipment | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| USES SCAFFOLDING Erects scaffolding | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Dismantles scaffolding | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Maintains scaffolding | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| ORGANIZES WORK Uses drawings and specifications | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Plans daily tasks and activities | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

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| Supervisor First and Last Name: | Applicant First and Last Name: |
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BRICKLAYER
EMPLOYER DECLARATION
OF WORK EXPERIENCE

| Job Tasks (79) | Declaration Response |
|--|---|
| Prepares jobsite and materials | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Protects surrounding areas | 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"/> |
| PERFORMS SUBSTRATE PREPARATION Prepares vertical substrates and foundations | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Applies parging | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Installs anchoring/tie systems | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Installs membrane and flashing | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Installs insulation | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| PERFORMS FUNDAMENTAL MASONRY TASKS Lays out wall and coursing | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Finishes joints | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Cleans new masonry surfaces | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Seals masonry surfaces | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| USES MORTARS, GROUTS AND ADHESIVES Mixes mortar, concrete, grout and adhesives | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Uses mortars | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Uses concrete and grout | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

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**BRICKLAYER
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| Job Tasks (79) | Declaration Response |
|--|---|
| Uses adhesives | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| BUILDS MASONRY WALLS Builds non-load-bearing walls | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Builds load-bearing walls | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| BUILDS HORIZONTAL MASONRY SURFACES Prepares horizontal substrate | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Lays masonry units on horizontal surfaces | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| BUILDS AND INSTALLS PREFABRICATED MASONRY Builds prefabricated masonry | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Erects prefabricated masonry | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| INSTALLS SURFACE-BONDED MASONRY UNITS Prepares substrate for surface-bonded masonry units | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Applies surface-bonded masonry units | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| BUILDS NATURAL STONE WALLS Prepares natural stone | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Lays natural stone | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Damp cures walls | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| PERFORMS MECHANICALLY-FASTENED NATURAL STONE CLADDING PROCEDURES Prepares substrate for cladding | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Prepares natural stone for cladding | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Installs natural stone cladding | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| BUILDS CHIMNEYS Builds foundation supports for chimneys | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

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| Lays masonry units to build chimneys | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Installs flue lining | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Installs related flashings | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Installs caps | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| BUILDS FIREPLACES Builds foundation for hearth, firebox, backup material and veneer | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Builds hearth, firebox and backup | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Installs damper | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Builds smoke chamber | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Prepares existing fireplace for insert | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Faces fireplaces and inserts | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| INSTALLS AND MAINTAINS REFRACTORIES Prepares for installation of refractories and accessories | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Prepares mortar for refractories | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Removes existing refractories | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Installs refractories | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Repairs refractories | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| INSTALLS AND MAINTAINS CORROSION RESISTANT MATERIALS Prepares for installation of corrosion resistant materials and accessories | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

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| Prepares mortar for corrosion resistant materials | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Removes existing corrosion resistant materials | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Installs corrosion resistant materials | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Repairs corrosion resistant materials | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| REBUILDS MASONRY WORK Disassembles unit masonry | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Prepares restoration work area | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Reinstalls masonry and accessories | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| REPAIRS AND CLEANS EXISTING MASONRY WORK Removes deteriorated masonry units | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Repoints joints | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Repairs masonry units | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Reinstalls masonry units and accessories | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Cleans existing masonry surfaces | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| INSTALLS GLASS BLOCKS Prepares work area | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Lays glass blocks | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| INSTALLS ORNAMENTAL AND SCULPTED MASONRY UNITS Prepares for installation of ornamental and sculpted masonry units | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Installs ornamental and sculpted masonry units | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

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| Job Tasks (79) | Declaration Response |
|---|---|
| BUILDS ARCHES Prepares location | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Builds template | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Places template | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Installs arch masonry units | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Removes template | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

E. 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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