

### CONCRETE FINISHER 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

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 4,860 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 R	egistration 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.

		Total Number Hours of <b>Concrete Finisher</b> Experience Accumulated in that Period:
From:	То:	
Job Title of Applicant:		i

ame(s):	Legal Last Name:



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### C. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

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Applicant was self-employed		Employer will/can not c	omplete 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 (57)	Declar Respo	
PERFORM SAFETY-RELATED FUNCTIONS Use personal protective equipment (PPE) and safety equipment	Yes: No:	
Maintain safe work environment	Yes: No:	
USE TOOLS AND EQUIPMENT Use hand tools	Yes: No:	
Use power tools	Yes: No:	
Use measuring equipment	Yes: No:	
ORGANIZE WORK Use documentation	Yes: No:	
Determine material requirements and quantities	Yes: No:	

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Job Tasks (57)		Declaration Response	
Sequence work procedures	Yes: No:		
USE COMMUNICATION AND MENTORING TECHNIQUES Use communication techniques	Yes: No:		
Use mentoring techniques	Yes: No:		
PREPARE SITE Inspect site	Yes: No:		
Prepare sub-grade and elevations	Yes: No:		
USE FORMWORK Construct concrete formwork	Yes: No:		
Install reinforcements	Yes: No:		
Inspect formwork and reinforcement	Yes: No:		
Install construction, isolation and expansion joints	Yes: No:		
Remove forms	Yes: No:		
PLACE CONCRETE Transport concrete on site	Yes: No:		
Spread concrete	Yes: No:		
Consolidate concrete	Yes: No:		
Place concrete in vertical formwork	Yes: No:		
LEVEL CONCRETE Establish elevation	Yes: No:		
Screed concrete	Yes: No:		

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ob Tasks (57)		Declaration Response	
Bull float concrete	Yes: No:		
FLOAT CONCRETE Float concrete by hand	Yes: No:		
Float concrete by machine	Yes: No:		
HAND TOOL CONCRETE Edge perimeter of slab	Yes: No:		
Finish extruded concrete surfaces	Yes: No:		
Tool contraction joints	Yes: No:		
TROWEL CONCRETE Trowel concrete by hand	Yes: No:		
Trowel concrete by machine	Yes: No:		
APPLY SURFACE TREATMENTS TO CONCRETE Apply dry shake aggregate surface hardeners	Yes: No:		
Apply exposed aggregate finish	Yes: No:		
Texture concrete surface	Yes: No:		
Apply stamped concrete surface finish	Yes: No:		
Apply evaporation reducers	Yes: No:		
CURE CONCRETE Wet-cure concrete	Yes: No:		
Chemical cure concrete	Yes: No:		
CREATE CONTRACTION JOINTS Saw cut contraction joints	Yes: No:		

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Job Tasks (57)		aration ponse
Fill joints	Yes: No:	
PROTECT CONCRETE Protect plastic concrete	Yes: No:	
Protect hardened concrete	Yes: No:	
REPAIR AND RESTORE CONCRETE Inspect concrete	Yes: No:	
Remove materials	Yes: No:	
Prepare surface for repair or restoration	Yes: No:	
Install repair materials	Yes: No:	
APPLY SURFACE TREATMENT TO HARDENED CONCRETE Prepare surface for surface treatments	Yes: No:	
Abrade surface to achieve architectural finish	Yes: No:	
Apply seamless systems	Yes: No:	
Apply bonded and non-bonded toppings to concrete	Yes: No:	
Parge vertical surfaces	Yes: No:	
Apply chemical surface treatment	Yes: No:	
GROUT Prepare surface for grouting	Yes: No:	
Install grout	Yes: No:	
Finish exposed grout surface	Yes: No:	

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Job Tasks (57)	Declar Respo	
PERFORM CUTTING AND CORING Perform cutting	Yes: No:	
Perform coring	Yes: No:	

### 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)		

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:		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	at ref	erence can commun	icate:	(Check all that apply)
			English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		

### 2. Reference

Relationship to Applicant:		Former Empl Co-worker	oyee		Contractor Client		Supplier Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	nat ref	erence can communi	icate:	(Check all that apply) Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		

#### 3. Reference

Relationship to Applicant:		Former Empl Co-worker	oyee		Contractor Client		Supplier Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Referenc	e:			guage(s) that ref English	erence can comm	unicate:	(Check all that apply) Other (specify):
Organization/Business Name:					Position/Title	e:	
Phone Number:					Email Address	s:	

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