

IRONWORKER (GENERALIST) STATUTORY DECLARATION OF WORK EXPERIENCE

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 **7,110 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 Ironworker (Generalist) Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

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

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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 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 (8)	Declaration Response
JOB PLANNING AND PREPARATION Planning job in accordance with drawings, work site requirements and specifications; Coordinating delivery and installation of materials and equipment as job progresses	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
RIGGING AND MACHINERY MOVING Preparing wire and fibre ropes and tackle; Rigging and moving loads	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ERECTION OF HOISTING AND CONVEYANCE EQUIPMENT Assembling, erecting, jumping and dismantling tower cranes; Assembling, erecting, jumping and dismantling various derrick types; Assembling and dismantling conventional and hydraulic cranes; Assembling, erecting, jumping and dismantling material and personnel hoists; Installing support structures, framework and related structural and mechanical equipment for conveying systems and material handling systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ERECTION OF STRUCTURAL IRONWORK Erecting structural steel framework for buildings, bridges and towers; Erecting metal storage tanks, bins and hoppers; Assembling and erecting pre-engineered buildings, bridges, silos, and similar structures; Assembling and installing curtain walls, window walls, doorways, store fronts, revolving doors, mantraps, etc., on buildings; Installing ornamental and miscellaneous ironwork and nonferrous components, such as stairways, railings, panels, catwalks, fences, sound barriers, vehicle guard rails, etc.; Erecting structural and architectural precast concrete components for buildings, bridges, towers and other structures; Inspecting tests structures and equipment for deterioration, defects, non-compliance with specifications or regulations and unsafe conditions during or after construction; Dismantling building framework, bridges, tanks, silos or other structures made of metal, precast concrete or laminated timbers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

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Job Tasks (8)	Declaration Response
REINFORCING CONCRETE Positioning and securing steel bar or wire mesh reinforcing in forms prior to the pouring of concrete for grade beams, footings, walls, floors, columns, caissons and other components; Post tensions tendons (steel cables or rods) in cast-in-place or precast concrete for reinforcement purposes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MOVING AND INSTALLATION OF ROBOTIC EQUIPMENT Erecting and installing robotic equipment for material handling and automated mechanical systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ERECTION OF SCAFFOLDS, FALSEWORK, AND OTHER WORKING PLATFORMS Erecting temporary frame or tube scaffolds, falsework, shoring, etc.; Suspends scaffolds from structures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ERECTION OF WOOD STRUCTURES Erecting structural wood material for buildings (such as mine product storage), churches, schools, pedestrian bridges and walkways	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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)

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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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