

IRONWORKER (REINFORCING)

EMPLOYER 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 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 **4,770 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

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 Informa	ition of Applicant	
Enter the business information for th	e applicant's period of employr	nent declared for this trade.
Name of Organization/Employer/Busin	ess:	
Mailing Address:		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number:	Website:	
Enter the dates and number of hou	rs for this period of employme	nt.
ates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of Ironworker (Reinforcing) Experience Accumulated in that Period:
From:	To:	recumulated in that I crisd.
Job Title of Applicant:		I
Enter the supervisor and applicant n	ames (repeat on every page of t	his form)

Applicant First and Last Name:

Supervisor First and Last Name:



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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	- ,			
First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title: Supervisor E-Mail Address:			
Supervisor's Phone Number: ()				
Language(s) that the employer/supervisor can communicate: (check al	ll that apply)			
☐ English ☐ Other (please sp	ecify):			
D. Supervisor Declaration of Job Task Perform	nance of Applicant			
By checking "Yes" or "No" in the Declaration Response column, in personally witnessed the applicant performing the job tasks listed.		t, have		
Job Tasks (7)		Declar Resp		
USE SAFE WORK PRACTICES Interpretation and comprehension of OH&S regulations and WorkSafeBC standards, working in or around confined spaces, use of fall protection, fall arrest and work positioning equipment, maintenance and use of PPE (Personal Protective Equipment) and control of workplace hazards such as slip/trip, fire, etc.				
USE TOOLS & EQUIPMENT Use of hand tools (pliers, side cutters, hickeys etc.) as well as the use of measurement and layout tools such as measuring tapes, string lines, spirit levels, etc. Use of power tools such as hydraulic and electric rebar benders and shears as well as gas cut off saws and oxy/acetylene torches used for cutting reinforcing materials.				
ORGANIZE WORK Use of trades math to work out dimensions, weights, spacing in Metric and Imperial units. Interpretation of structural drawings, details and specifications for placing reinforcing materials. Use of trades language and non-verbal communication. Packing and handling of materials.				
USE RIGGING, HOISTING & LIFTING EQUIPMENT Selection and use of rigging based on sling configuration and capacities as well as identifying and rectifying unsafe rigging and rigging practices. Use of knots and fiber rigging for attachment to bundles and pre-fabricated members for the purpose of load control. Use of rigging accessories such as snatch blocks and shackles.				
APPLY CRANE WORK PROCEDURES Working with cranes for hoisting bundles and pre-fabricated members as well as setup and takedown of mobile cranes.				
APPLY REINFORCING TECHNIQUES Fabrication of rebar (cutting and bending of stock lengths) and pre fabrication of members (columns, zones, beams, etc.) Laying out, marking and placing of reinforcing steel in slabs, walls and beams.				
Enter the supervisor and applicant names (repeat on every page of				
Supervisor First and Last Name:	Applicant First and Last Name:			



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APPLY PRE-STRESSING/POST-TENSIONING TECHNIQUES Installation of mono strand un-bonded post tensioning tendons and their accessories. Installation of mono and multi strand bonded post tensioning tendons and their accessories. Installation of grout in bonded post tensioned systems.							
E. Supervisor Signature							
I certify that the information I, as the current or former protection of personal information on this form is in a Act.)	er direct supervisor of the applicant, have provi accordance with the provisions of the Freedom	ided is accurate. (Note: Co of Information and Protec	ollection and ction of Privacy				
Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM	Date Signed: (MM/DD/YYYY)				
Enter the supervisor and applicant names (repeat on every page of this form)							
Supervisor First and Last Name:	Applicant First and Last Name:						