

**LATHER**  
**(INTERIOR SYSTEMS MECHANIC)**  
**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 **9,000 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 <b>Lather (Interior Systems Mechanic) Experience</b> Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

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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 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.

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**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 (53)	Declaration Response
<b>PERFORMS SAFETY-RELATED FUNCTIONS</b> 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"/>
<b>USES TOOLS AND EQUIPMENT</b> Uses hand tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses power tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses powder-actuated tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses gas-actuated tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (53)	Declaration Response
Uses pneumatic tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses layout and measuring devices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses scaffolding and access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ORGANIZES WORK</b>	
Uses documentation and reference materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses blueprints and drawings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plans project tasks	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Estimates materials and supplies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORMS ROUTINE TRADE ACTIVITIES</b>	
Performs measurements	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses jigs and templates	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Handles materials, supplies and products	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Lays out work	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies sealants and gaskets	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USES COMMUNICATION AND MENTORING TECHNIQUES</b>	
Uses communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ERECTS NON LOAD-BEARING STEEL ASSEMBLIES</b>	
Frames non load-bearing walls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Frames spanned ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (53)	Declaration Response
Frames suspended drywall ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Frames non load-bearing bulkheads	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs metal door and window frames	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs backing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ERECTS LOAD-BEARING STEEL ASSEMBLIES</b> Frames load-bearing walls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Frames exterior ceilings and soffits	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Frames load-bearing bulkheads	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Frames load-bearing floors	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Frames load-bearing roofs	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALLS WALL SYSTEMS AND COMPONENTS</b> Installs demountable walls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs drywall	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Finishes drywall	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install drywall trims and mouldings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs security mesh	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs access panels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALLS CEILING SYSTEMS</b> Installs suspended component ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (53)	Declaration Response
Installs non-suspended ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALLS ACCESS FLOORING SYSTEMS</b> Installs pedestals and supporting hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs flooring panels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALLS SOUND BARRIERS AND LEAD RADIATION SHIELDING</b> Installs sound barriers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs lead radiation shielding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALLS SMOKE AND FIRE BARRIERS</b> Installs shaft wall systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Seals penetrations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Encloses beams, columns and staircases to achieve desired fire rating	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALLS INSULATION AND MEMBRANES</b> Installs thermal insulation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs interior/exterior membranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PREPARES SURFACE FOR EXTERIOR FINISHES</b> Installs exterior sheathing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs lath	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs Exterior Insulation Finish System (EIFS)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALLS EXTERIOR FINISHES</b> Fabricates panels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs pre-manufactured panels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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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

**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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**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:	

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