

#### 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

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 **6,750 hours** performing the tasks listed in Section E, and
- experience performing at least **70**% of the job tasks listed in Section E

A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, Certification Challenge and Supervision and Sign-Off Authority applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience. For more information, see **Instructions for Certification Challenge or Supervision and Sign-off Authority**.

| Legal Middle Name(s):                 | Legal Last Name:   |  |
|---------------------------------------|--|--|
|                                       |  |  |
| ervisor at your previous employer who | 1<br>o is unavailable to complete an Employer Declaration, or for  |  |
| Supervisor Name:                      | Supervisor's Position/Title:   |  |
| Name:                                 |  |  |
| Province:                             | Postal Code:   |  |
| Email Address:                        | Business Registration Number:<br>(Self-Employment only)  |  |
| his period of employment or self-emp  | <ul> <li>loyment. Combine multiple periods of self-employment or</li> </ul>  |  |
|                                       | Total Number Hours <b>of Residential Building Maintenance Worker</b> Experience Accumulated in that Period:  |  |
|                                       | Province:  Email Address:  Ployment Information of Aphis period of employment or self-empment with different employers on separation of Aphis period of Employment Employers on Separation of Aphis period of Employers on Separation of Empl |  |

Legal Last Name:

Legal First Name:

Legal Middle Name(s):



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| <b>D.</b> Indica   | Reason for Statutory Declara   |   | employment:  |   |                   |      |
|--|--|---|--|---|-------------------|------|
|  | Applicant was self-employed  |   | Employer will not complete   | Employer Declaration  |                   |      |
|  | Employer is no longer in business  |   | Employment records are no  |   |                   |      |
| Emplo  | cants must attempt to contact current or p<br>oyer Declaration for any portion of your n<br>ent evidence of steps taken is not provide   | orevious employer<br>on-self-employed   | s to request an Employer Dec<br>work experience, indicate the  | aration. If you have been una   |                   |      |
|  |  |   |  |   |                   |      |
|  |  |   |  |   |                   |      |
|  |  |   |  |   |                   |      |
|  |  |   |  |   |                   |      |
| E. Statutory Declaration of Job Task Performance  By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you have performed the job tasks listed below. Cross out any job tasks you did not perform during the period indicated in Section C.   |  |   |  | v. Cross  |                   |      |
|  |  |   |  |   |                   |      |
| Job T  | asks   |   |  |   | Declar<br>Resp    |      |
|  | asks<br>ribe Building Maintenance Work   |   |  |   | Resp              | onse |
| Descr  |  | ilding Maintena   | nce Industry/Work and Use  | es Basic Trade  |                   |      |
| Descri<br>Inclue<br>Term   | ribe Building Maintenance Work<br>des: Describe Types of Buildings, Bui  | ilding Maintena   | nce Industry/Work and Use  | es Basic Trade  | Respo             | onse |
| Description Included Term  Use Solution Included Includent and Management Included Includent Include   | ribe Building Maintenance Work<br>des: Describe Types of Buildings, Bui<br>inology   | fication, Transpices Fire Safety, U   | ort Endorsement and WHN<br>Jses and Maintains Person   | IIS Certification,<br>al Safety Equipment, Uses   | Respo             | onse |
| Description Included  | ribe Building Maintenance Work  des: Describe Types of Buildings, Bui inology  Gafe Work Practices  des: Obtaining Level 1 First Aid Certi ifying WCB Safety Regulations, Practi Maintains Ladders, Scaffolding & Plati  | fication, Transpices Fire Safety, Uforms, Safely En   | ort Endorsement and WHN<br>Jses and Maintains Person   | IIS Certification,<br>al Safety Equipment, Uses   | Yes:              | onse |
| Description Term Use S Included Included Included Fraginal Management of the Included Fraginal Included Fragination Included Fraginatio | ribe Building Maintenance Work  des: Describe Types of Buildings, Bui inology  Gafe Work Practices  des: Obtaining Level 1 First Aid Certi ifying WCB Safety Regulations, Practi Maintains Ladders, Scaffolding & Platt Out Procedures   | fication, Transpices Fire Safety, Ufferms, Safely Enations  Metric and In   | ort Endorsement and WHM<br>Jses and Maintains Person<br>ter Confined Spaces and Us<br>nperial, Arithmetic Functio                                | IIS Certification, al Safety Equipment, Uses se Air Packs and Identifies ons with Whole Numbers | Yes:              | onse |
| Description Included the Includent and Management Lock  Performand | ribe Building Maintenance Work  des: Describe Types of Buildings, Bui inology  Gafe Work Practices  des: Obtaining Level 1 First Aid Certi ifying WCB Safety Regulations, Practi Maintains Ladders, Scaffolding & Platt Out Procedures  orm Trades Math & Financial Calcul des: Performs Conversions to and fro ctions, Basic Plane (2D) Geometry, E- Prepares Basic Budget Spreadsheets  the applicant name (repeat on every pa | ification, Transpices Fire Safety, Ufforms, Safely Enations  The Metric and Institute | ort Endorsement and WHM<br>Jses and Maintains Person<br>ter Confined Spaces and Us<br>nperial, Arithmetic Functic<br>ations for Materials & Serv | IIS Certification, al Safety Equipment, Uses se Air Packs and Identifies ons with Whole Numbers | Yes: No: Yes: No: | onse |



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| Job Tasks  |   |                        | Declaration<br>Response |  |
|--|---|------------------------|-------------------------|--|
| Use & Maintain Tools   |   |                        |                         |  |
| Includes: Uses and Maintains Hand Tools, Power Tools, Shop Tools, Uses Measuring & Testing Devices, Disassembles, Sharpens & Reassembles Cutting Tools and Obtains Powder Actuated Tool Certification, Uses Lifting and Hoisting Equipment, uses a personal computer.  |   |                        | Yes:<br>No:             |  |
| Describe Building Structure and Design   |   |                        |                         |  |
|  | ocal Codes & Bylaws, Interprets Blueprints,<br>s in Wood Frame Construction, Fire and Lif |                        | Yes:<br>No:             |  |
| Prevent and Remediate Mould Issues   |   |                        |                         |  |
| Includes: Able to Describe Types and Cau<br>Mould Issues   | uses of Mould, Recognize and Prevent Moul   | d Issues and Remediate | Yes:<br>No:             |  |
| Perform Carpentry Repairs and Mainter  | ance  |                        |                         |  |
| Includes: Identifies Carpentry Materials, Repairs & Maintain Stairs, Landings, Handrails & Decks, Repairs Cabinets, Countertops & Shelving, Repairs, Maintains & Replace Hardware, Repairs Concrete, Identifies & Repairs Structural Problems, Repair, Maintains & Replace Windows and Doors, Repairs & Maintains Baseboards, Moldings and Casings, Identifies and Locate Cladding Problems, Identifies Infestation Problems, and Assesses Need for a Journeyperson and/or Licensed Contractor |   |                        | Yes:<br>No:             |  |
| Repair Drywall   |   |                        |                         |  |
| Includes: Identifies Drywall Materials, Patches Holes in Gyproc, Plaster and Lath, Tapes, Muds and Installs Beads, Sands & Finishes Gyproc, Repairs Insulation and Vapour Barriers, and Assesses need for a Journeyperson and/pr Licensed Contractor   |   |                        | Yes:<br>No:             |  |
| Apply Public Relations Skills  |   |                        |                         |  |
| Includes: Demonstrates Interpersonal Skills, Maintains Effective Home Owner and Tenant Relations, Conducts Home Owner and Tenant Orientations and Training, Liaises with Regulatory Officials and Inspectors   |   |                        | Yes:<br>No:             |  |
| Repair and Maintain Plumbing   |   |                        |                         |  |
| Includes: Identifying Plumbing Materials, Repairs & Maintains Plumbing Fixture Components Implements Replacement of Piping & Hot Water Tanks, Identify and Locates Plumbing Problems, Assesses Need for a Journeyperson and/or Licensed Contractor   |   |                        | Yes:<br>No:             |  |
| Repair and Maintain Roofing  |   |                        |                         |  |
| Includes: Identifies Roofing Materials, Repairs, Maintain & Replace Gutters & Downspouts, Shakes and Shingles, Panel Roofing Systems, Venting Systems and Apply Roof Patching Materials. Repairs & Replace Flashings, Repairs Roof Decks & Sheathing, Identifies Roofing & Weatherproofing Problems and Assesses Need for Journeyperson and/or Licensed Contractor   |   |                        | Yes:<br>No:             |  |
|  |   |                        |                         |  |
| Enter the applicant name (repeat on every page of this form).  |   |                        |                         |  |
| Legal First Name:  | Legal Middle Name(s):   | Legal Last Name:       |                         |  |



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| Job Tasks   |   |                              | Declaration<br>Response |  |
|---|---|------------------------------|-------------------------|--|
| Repair and Maintain Flooring  |   |                              |                         |  |
| Replace Ceramic Tile, Repair, Maintain &  | Prepares Substrate for Flooring (Lino, Tile &<br>Replace Underlay, Carpets, Rolled Goods a<br>Flooring Problems, Repair and Lay Vinyl F<br>or | and Tile, Maintains          | Yes:  No:               |  |
| Repair and Maintain Heating and Venti   | lation Systems  |                              |                         |  |
| Includes: Identifying Heating System Materials, Replace Thermostats, Replaces Baseboard Heater Thermostats, Inspects and Maintains Chimneys, Inspects and Replaces Furnace Belts, Fans & Filters, Describes Heat Recovery Ventilation Systems, Describes Basic Refrigeration and Boiler Theory, Identify and Locate Heating Problems, Identifies, Test for Ventilation Problems, Performs minor repairs and implement maintenance of furnaces, Assesses Need for a Journeyperson and/or Licensed Contractor |   |                              |                         |  |
| Perform RBMW Administrative Duties  |   |                              |                         |  |
|   | ing Forms and Permits, Procure Materials, S<br>sts, Including Sub-Contractor Prices, Perfor<br>dings for Accessibility                        |                              | Yes:  No:               |  |
| Describe Basic Building Sciences  |   |                              | ,, ,                    |  |
| Includes: Describing the Forces Acting or Describing Air and Moisture Movement in   | n a Building, Describing the Heat and Sound<br>n a Building   | d Transfer Principles,       | Yes:                    |  |
| F. Confirmation of Prerequisite Credentials or Certificates  For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, you must prove you have the required prerequisite  |   |                              |                         |  |
| credentials.  | mand Sign-On Authority. For those trades, you   | must prove you have the rec  | uirea prerequisit       |  |
| There are no prerequisite credentials or certifi  | cates for this trade.   |                              |                         |  |
| G. Applicant Signature  |   |                              |                         |  |
|   | s accurate. (Note: Collection and protection of pn of Information and Protection of Privacy Act.)   | personal information on this | form is in              |  |
| Applicant Name (please print):  | Applicant Signature:  | Date: (MM/DD                 | /YYYY)                  |  |
|   |   | l                            |                         |  |
| Enter the applicant name (repeat on every p   | - :   | I                            |                         |  |
| Legal First Name:   | Legal Middle Name(s):   | Legal Last Name:             |                         |  |



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#### H. References

References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), former employees (maximum one), contractors, or regular, long-term clients (maximum one).

Each individual listed will be contacted by the Industry Training Organization (ITO) responsible for this trade or SkilledTradesBC to verify the information provided on your application.

#### 1. Reference

| Organization/Business Name:  Business Phone Number:  Reference Cell Number:  Email Address:  2. Reference  Legal First Name of Reference:  Legal First Name of Reference:  Organization/Business Name:  Position/Title:  Business Phone Number:  Reference Cell Number:  Email Address:  3. Reference  Legal First Name of Reference:  Legal First Name of Reference:  Email Address: | Legal Last Name of Reference:               | Legal Fi              | rst Name of Reference: |  |
|---|---|-----------------------|------------------------|--|
| Relationship to Applicant:  Email Address:  2. Reference  Legal Last Name of Reference:  Drganization/Business Name:  Position/Title:  Business Phone Number:  Relationship to Applicant:  Email Address:  3. Reference  Legal First Name of Reference:  Legal First Name of Reference:  Drganization/Business Name:  Position/Title:   | Organization/Business Name:                 | Position              | n/Title:               |  |
| Relationship to Applicant:  Email Address:  2. Reference  Legal Last Name of Reference:  Drganization/Business Name:  Position/Title:  Business Phone Number:  Relationship to Applicant:  Email Address:  3. Reference  Legal First Name of Reference:  Legal First Name of Reference:  Drganization/Business Name:  Position/Title:   |   |                       |                        |  |
| 2. Reference  Legal Last Name of Reference:  Organization/Business Name:  Position/Title:  Business Phone Number:  Reference Cell Number:  Email Address:  3. Reference  Legal Last Name of Reference:  Legal First Name of Reference:  Organization/Business Name:  Position/Title:  | Business Phone Number:                      | Referen               | ce Cell Number:        |  |
| Legal Last Name of Reference:       Legal First Name of Reference:         Organization/Business Name:       Position/Title:         Business Phone Number:       Reference Cell Number:         Relationship to Applicant:       Email Address:         3. Reference       Legal First Name of Reference:         Legal Last Name of Reference:       Position/Title:                | Relationship to Applicant:                  | Email A               | ddress:                |  |
| Organization/Business Name:  Business Phone Number:  Reference Cell Number:  Relationship to Applicant:  Email Address:  3. Reference  Legal Last Name of Reference:  Legal First Name of Reference:  Organization/Business Name:  Position/Title:  | 2. Reference                                |                       |                        |  |
| Business Phone Number:  Reference Cell Number:  Email Address:  3. Reference  Legal Last Name of Reference:  Legal First Name of Reference:  Organization/Business Name:  Position/Title:   | Legal Last Name of Reference:               | Legal Fi              | rst Name of Reference: |  |
| Relationship to Applicant:  Behavior Applicant:  Email Address:  Comparization/Business Name:  Email Address:  Email Address:  Email Address:  Email Address:  Email Address:  Position/Title:  | Organization/Business Name:                 | Position              | ı/Title:               |  |
| 3. Reference  Legal Last Name of Reference:  Legal First Name of Reference:  Organization/Business Name:  Position/Title:   | Business Phone Number:                      | Referen               | ce Cell Number:        |  |
| Legal Last Name of Reference:  Organization/Business Name:  Position/Title:   | Relationship to Applicant:                  | Email A               | ddress:                |  |
| Organization/Business Name: Position/Title:   | 3. Reference                                | 1                     |                        |  |
|   | Legal Last Name of Reference:               | Legal Fi              | rst Name of Reference: |  |
| Business Phone Number: Reference Cell Number:   | Organization/Business Name:                 | Position              | ı/Title:               |  |
| ·   | Business Phone Number:                      | Referen               | ce Cell Number:        |  |
| Relationship to Applicant: Email Address:   | Relationship to Applicant:                  |                       | Email Address:         |  |
|   | L   |                       |                        |  |
| Enter the applicant name (repeat on every page of this form).   | Enter the applicant name (repeat on every p | age of this form).    |                        |  |
| Legal First Name: Legal Middle Name(s): Legal Last Name:  | Legal First Name:                           | Legal Middle Name(s): | Legal Last Name:       |  |
|   |   |                       |                        |  |