

ROOFER
CANADA
**STATUTORY DECLARATION
OF WORK EXPERIENCE**

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.

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 (80)	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS 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"/>
USES TOOLS AND EQUIPMENT Uses hand tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses power tools, pneumatic tools, and hot-air welding, induction and fuelled equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses hoisting, lifting and rigging equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses hot process equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (80)	Declaration Response
Uses motorized equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ORGANIZES WORK Uses documentation and reference materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interprets blueprints and drawings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Estimates material	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assesses worksite conditions	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Positions equipment and material on the ground and on the roof	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares material disposal systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Evaluates roof conditions near rooftop equipment installations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES COMMUNICATION AND MENTORING TECHNIQUES Uses communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARES ROOF FOR REPLACEMENT Protects surrounding area	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removes loose debris	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removes roofing and flashings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares roof substrate	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs minor adjustments to penetrations, curbs and parapets	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARES DECK FOR ROOF INSTALLATION Inspects deck	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (80)	Declaration Response
Cleans surface of deck	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Verifies placement of roof penetrations, curbs and parapets	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Dries deck	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLIES LOW SLOPE ROOFING COMPONENTS Installs support panels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Primes substrate	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies vapour retarder, vapour barrier and air barrier	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs insulation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs cover board	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs drains, vents, curbs and penetrations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies ballast, walkways and protective surfaces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs metal flashings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLIES LOW SLOPE ROOFING MEMBRANES Relaxes membranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sets membranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies membranes using hot-liquid process	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies membranes using torched-on method	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies membranes using hot-air welding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (80)	Declaration Response
Applies membranes using cold applied methods	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies membranes using mechanical fasteners	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies loose-laid membranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies liquid-applied membranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs membrane flashings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs temporary seals and temporary drains	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORMS COMMON STEEP SLOPE PRACTICES Installs steep slope underlayment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs steep slope venting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs steep slope valley applications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs steep slope saddles/crickets	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs steep slope penetration flashings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLIES SHINGLES Determines layout of shingles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs starter strip and starter course	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fastens shingles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cuts shingles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tabs shingles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (80)	Declaration Response
Installs metal flashings for shingled roofs	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLIES ROOF TILES Installs battens/strapping for roof tiles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fastens roof tiles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cuts roof tiles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs closure strips for roof tiles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs ridge and hip caps	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs metal flashings for tiled roofs	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLIES PRE-FORMED METAL ROOFING Installs battens/strapping for pre-formed metal roofing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fastens pre-formed metal roofing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cuts sheet metal	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs closure strips for pre-formed metal roofing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs snow guards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs metal flashings for pre-formed metal roofs	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
WATERPROOFS SURFACES Prepares waterproofing substrates	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies waterproofing membrane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs green, sustainable, vegetative and protected membrane components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (80)	Declaration Response
DAMP-PROOFS SURFACES Applies damp-proofing materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies protection layer	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ASSESSES ROOF CONDITION Performs roof inspections	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs cut test	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Determines maintenance or repair required	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MAINTAINS AND REPAIRS LOW SLOPE ROOFING Maintains low slope roofing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs low slope roofing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MAINTAINS AND REPAIRS STEEP SLOPE ROOFING Maintains steep slope roofing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs steep slope roofing	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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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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