

**CABINETMAKER**  
**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 **9,720 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): From: _____ To: _____	Total Number Hours of <b>Cabinetmaker</b> Experience Accumulated in that Period: _____
Job Title of Applicant: _____	

**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.**

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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 (71)	DECLARATION RESPONSE	
<b>PERFORMS COMMON OCCUPATIONAL SKILLS</b>		
<b>Task-1 Performs safety-related functions</b>		
Maintains safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-2 Maintains tools and equipment</b>		
Maintains hand, portable power and pneumatic tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains stationary power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains automated and computer numerical control (CNC) equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains finishing equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-3 Organizes work</b>		
Interprets prints and drawings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plans project	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (71)	DECLARATION RESPONSE	
Creates design	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs layout of cabinets, furniture and architectural millwork	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-4 Performs routine work practices</b>		
Handles materials, supplies and products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fabricates jigs and templates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Builds prototypes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dry-fits components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects hardware	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects adhesives and fasteners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-5 Uses communication and mentoring techniques</b>		
Uses communication techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>PERFORMS MACHINING</b>		
<b>Task-6 Machines components using stationary and portable power tools</b>		
Breaks out solid wood	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dresses solid wood	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shapes solid wood	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breaks out sheet materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Machines sheet materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Machines joints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs preliminary sanding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-7 Machines components using automated and CNC equipment</b>		
Sets up automated and CNC equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operates automated and CNC equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>PERFORMS FORMING AND LAMINATING</b>		
<b>Task-8 Creates curved components using wood and composite materials</b>		
Builds forms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs curved laminating	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Steam-forms wood	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-9 Laminates wood and composite materials</b>		
Arranges materials for laminating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies adhesive for laminating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clamps pieces together	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>INSTALLS VENEERS AND LAMINATES</b>		
<b>Task-10 Applies veneers</b>		
Selects veneers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares veneer and substrate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adheres veneers to substrates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs final cleanup of veneered panels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task- 11 Applies laminate sheets</b>		
Selects laminate sheets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares laminate sheets and substrate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adheres laminate sheets to substrate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs final cleanup of laminated sheets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>PERFORMS SHOP ASSEMBLY</b>		
<b>Task- 12 Assembles cabinets and furniture</b>		
Assembles cabinet components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assembles furniture components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Combines cabinet and furniture components into final assemblies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-13 Assembles architectural millwork products</b>		
Assembles architectural millwork components in shop	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assembles architectural fixtures in shop	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>PERFORMS FINISHING</b>		
<b>Task-14 Prepares surface for finishing</b>		
Repairs imperfections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares parts for finishing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Performs final sanding of surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-15 Finishes wood products</b>		
Prepares finishing materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies finishing material manually	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sprays on finishing material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>PERFORMS ON-SITE ASSEMBLY AND INSTALLATION</b>		
<b>Task-16 Modifies products to site conditions</b>		
Cuts access holes on site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Scribes product to fit on site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-17 Installs cabinets and countertops</b>		
Performs final on-site assembly and fastening of cabinets and countertops	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Finalizes installation of cabinets and countertops	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-18 Installs architectural millwork products and mouldings</b>		
Performs final on-site assembly and fastening of architectural millwork products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs mouldings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Finalizes installation of architectural millwork products and mouldings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>PERFORMS SPECIALIZED OPERATIONS</b>		
<b>Task-19 Builds stairs and balustrades</b>		
Lays out stair and balustrade components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Machines stair and balustrade components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assembles stairs and balustrades	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs stairs and balustrades	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-20 Works with solid surface material and custom countertops</b>		
Breaks out materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fabricates solid surface material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs solid surface material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-21 Creates decorative woodwork</b>		
Performs marquetry	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (71)	DECLARATION RESPONSE	
Performs carving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs woodturning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-22 Restores woodwork</b>		
Repairs woodwork for restoration purposes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refinishes woodwork	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**E. Applicant Signature**

I certify that the information I have provided is true and 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:	

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