



**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 (18)	SUPERVISOR DECLARATION RESPONSE
<b>PERFORMS COMMON OCCUPATIONAL SKILLS 11%</b>	
<b>Task-1 Performs safety-related functions</b> Uses personal protective equipment (PPE) and safety equipment Maintains safe work environment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Task-2 Uses and maintains tools and equipment</b> Uses hand tools Uses power and pneumatic tools Uses measuring and layout tools	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Task-3 Assesses floor and jobsite conditions</b> Performs quality control Assesses floor and sub-floor conditions and deficiencies Conducts field tests	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Task-4 Organizes work</b> Plans sequence of installation	<input type="checkbox"/> Yes <input type="checkbox"/> 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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**FLOORCOVERING INSTALLER**

**STATUTORY DECLARATION  
OF WORK EXPERIENCE**

JOB TASKS (18)	SUPERVISOR DECLARATION RESPONSE
Handles material Determines layouts and materials needed for job Uses documentation	
<b>Task-5 Installs transitions, trims and wall bases</b> Installs transitions and trims Installs resilient wall base Installs carpet wall base Installs wood wall base	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Task-6 Uses communication and mentoring techniques</b> Uses communication techniques Uses mentoring techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PREPARES FLOOR 24%</b>	
<b>Task-7 Removes existing floorcovering and accessories</b> Removes transitions, trims and wall bases Removes carpet Removes resilient flooring Removes wood, laminate flooring, tiles and underlayment	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Task-8 Prepares substrate</b> Removes contaminants Prepares concrete floors and underlayment Prepares wood floors and underlayment Prepares specialty floors Installs trowelled underlayment Installs rigid underlayment panels	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>INSTALLS AND REPAIRS CARPET 21%</b>	
<b>Task-9 Installs carpet</b> Cuts carpet for installation Installs carpet by conventional method	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**FLOORCOVERING INSTALLER**

**STATUTORY DECLARATION  
OF WORK EXPERIENCE**

JOB TASKS (18)	SUPERVISOR DECLARATION RESPONSE
Installs carpet by direct glue-down method Installs carpet by double glue-down method Installs modular carpet tiles Completes carpet installation	
<b>Task-10 Performs custom carpet procedures</b> Installs borders and insets Binds carpet Upholsters with carpet Assembles area rugs and runners Installs carpet and runners on stairs	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Task-11 Installs artificial turf</b> Establishes layout and grid lines for artificial turf Assembles artificial turf sections Completes artificial turf installation	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Task-12 Repairs carpet</b> Repairs carpet installed by conventional method Repairs carpet installed by direct glue-down method Repairs carpet installed by double glue-down method Repairs artificial turf	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>INSTALLS AND REPAIRS RESILIENT FLOORING 29%</b>	
<b>Task-13 Installs resilient flooring</b> Establishes layout and grid lines Installs resilient tiles Installs resilient sheet goods Cuts seams to fit Seals seams chemically Heat welds seams Completes resilient flooring installation	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**FLOORCOVERING INSTALLER**

**STATUTORY DECLARATION  
OF WORK EXPERIENCE**

JOB TASKS (18)	SUPERVISOR DECLARATION RESPONSE
<p><b>Task-14 Performs custom resilient flooring procedures</b></p> <p>Performs coving operations</p> <p>Installs tread, riser and stringer materials</p> <p>Installs resilient flooring on stairs</p> <p>Installs insets, borders and feature strips</p> <p>Installs specialty wall covering products</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>Task-15 Repairs resilient flooring and accessories</b></p> <p>Repairs resilient flooring</p> <p>Repairs accessories</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<b>INSTALLS AND SERVICES WOOD, LAMINATE AND FLOATING VINYL PLANK FLOORING 15%</b>	
<p><b>Task-16 Installs pre-finished solid, engineered, laminate and floating vinyl plank flooring</b></p> <p>Undercuts jambs and trims</p> <p>Installs vapour retarders and underlayment cushion</p> <p>Establishes layout</p> <p>Fits materials</p> <p>Mechanically fastens pre-finished solid and engineered hardwood flooring</p> <p>Glues down solid and engineered hardwood flooring</p> <p>Assembles floating floors</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>Task-17 Installs custom wood and laminate flooring</b></p> <p>Installs borders, insets and custom fabrications in wood</p> <p>Installs wood and laminate flooring on stairs</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p><b>Task-18 Services pre-finished solid, engineered, laminate and floating vinyl plank flooring</b></p> <p>Repairs boards</p> <p>Replaces boards and accessories</p> <p>Refinishes hardwood flooring</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

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**FLOORCOVERING INSTALLER**

**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

**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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# FLOORCOVERING INSTALLER

## STATUTORY DECLARATION OF WORK EXPERIENCE

### 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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