



**CARPENTER**  
**STATUTORY DECLARATION**  
**OF WORK EXPERIENCE**

ITA 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@itabc.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 **9,720 hours** performing the tasks listed in Section E, and
- experience performing at least **70%** of the job tasks listed in Section E

**Holders of a military certificate in Construction Technician MT #306 / MT #648, QL5 or higher will be eligible to challenge the Carpenter Inter-Provincial Red Seal examination.**

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**.

The information provided on this form is used to assess and to validate your work experience in this trade.

**A. Applicant Name**

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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**B. Supervisor or Self-Employment Contact Information**

Enter the contact information for the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

Name of Organization/Employer/Business:		Supervisor Name:	Supervisor's Position/Title:
Suite Number:	Street Number and Name:		
City:	Province:	Postal Code:	
Telephone Number: (    )	Email Address:	Business Registration Number: (Self-Employment only)	

**C. Employment or Self-Employment Information of Applicant**

Enter the dates and number of hours for this period of employment or self-employment. Combine multiple periods of self-employment on one form, but separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY):		Total Number Hours of <b>Carpenter</b> Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		



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**D. Reason for Statutory Declaration**

Indicate why a Statutory Declaration is required for this period of employment:

- Applicant was self-employed                       Employer will not complete Employer Declaration
- Employer is no longer in business                       Employment records are not available

Applicants must attempt to contact current or previous employers to request an Employer Declaration. 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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**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.

Job Tasks	Declaration Response
<b>Safe Work Practices</b> <i>Includes: Applying Shop and Site Safety and Personal Practices</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Documentation and Organizational Skills</b> <i>Includes: Uses Construction Drawings and Specifications, Interprets Building Codes and Bylaws, Plans and Organizes Work, Performs Trade Math</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Tools and Equipment</b> <i>Includes: Uses Hand Tools, Portable Power Tools, and Stationary Power Tools, Uses Oxy-Fuel Equipment</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Survey Instruments and Equipment</b> <i>Includes: Uses Levelling Instruments and Equipment, Uses Site Layout Equipment</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the applicant name (repeat on every page of this form).

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Job Tasks	Declaration Response
<b>Access, Rigging and Hoisting Equipment</b> <i>Includes: Uses Ladders, Scaffolds and Access Equipment, Uses Rigging and Hoisting Equipment</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Site Layout</b> <i>Includes: Lay Out Building Locations, Prepares Building Site, Applies Excavation and Shoring Practices</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Concrete Formwork</b> <i>Includes: Uses Concrete Types, Materials, Additives and Treatments, and Builds Footing and Vertical Formwork, Selects Concrete Forming Systems, Builds Slab-On-Grade Forms and Suspended Slab Forms, Installs Reinforcement and Embedded Items, Build Concrete Stair Forms, Places and Finish Concrete, Installs Specialized Formwork</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Wood Frame Construction</b> <i>Includes: Describes Wood Frame Construction, Selects Framing Materials, Builds Floor Systems, Wall Systems, Stair Systems and Roof Systems, Builds Specialized Framing Systems. Performs Renovations and Additions, Builds Timber and Engineered Wood Construction, Builds Decks and Exterior Structures</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Finishing Materials</b> <i>Includes: Describes Roofing Materials, Install Doors, Windows and Hardware, Exterior Finishes, Interior Finishes, and Cabinets, Install Interior Floor, Ceiling and Wall Systems</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Building Science</b> <i>Includes: Controls the Forces Acting on a Building, Controls Heat and Sound Transmission, Controls Air and Moisture Movement in Buildings</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

**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.*

There are no prerequisite credentials or certificates for this trade.

*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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**G. 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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*Enter the applicant name (repeat on every page of this form).*

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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 ITA to verify the information provided on your application.*

**1. Reference**

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:

**2. Reference**

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 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:

*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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