





# ARCHITECTURAL SHEET METAL WORKER

## 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

### 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>Safety</b> Includes: use of the necessary personal protective equipment, WorksafeBC and WHMIS regulations, First Aid and safety procedures for residential, commercial & industrial projects	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Trade Math</b> Includes: the use of various mathematic calculation processes using area, volume, perimeter and trigonometry	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Architectural Components</b> Includes: exterior finishes/wall systems, exterior finishes/roof systems, fasteners & sealants, building envelope requirements and materials, metal roofing, cladding, decking and types of flashings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Materials and Equipment</b> Includes: hand tools, power tools and powder actuated tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Shop Work Theory and Shop Projects</b> Includes: calculation and fabrication of seams, locks, edges and joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Field Installation</b> Includes: installing metal roofing, cladding, decking, flashing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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 Response
<b>Layout and Pattern Development</b> Includes: understanding of orthographic, isometric and shop drawings and pattern development	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Interprets Blueprints</b> Includes: interpreting shop drawings and estimating	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Welding</b> Includes: soldering, plasma arc cutting, interpreting welding symbols, use of welding equipment – SMAW and GMAW	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.

### 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).*

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 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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