



BRICKLAYER (MASON)
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.

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
Uses Safe Work Practices Manages workplace hazards, applies OHS Regulations and WorkSafeBC standards, uses fall protection systems and equipment, uses personal protective equipment, uses fired safety procedures, and applies WHMIS.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses Tools and Equipment Uses hand tools and measuring equipment, uses power tools, uses ladders, scaffolds and elevated platforms, uses rigging and hoisting equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organizes Work Uses mathematics, uses drawings, specifications and documentation, communicates with others, handles materials, lays out wall and ceiling coursing.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs Routine Mason Practices Prepares the site, applies surface techniques, installs envelope materials, uses mortars, grouts and bonding agents.	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:
-------------------	-----------------------	------------------



BRICKLAYER (MASON)
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

Job Tasks	Declaration Response
Applies Masonry Systems Builds non load-bearing masonry walls, builds load bearing walls and columns, builds horizontal masonry, builds and installs pre-fabricated masonry, installs surface bonded masonry units.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies Stone Systems Installs stone veneer, installs stone cladding.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Build Chimneys, Fireplaces and Refractory Materials Lays masonry units, installs refractory materials for heat-resistant applications, installs corrosion resistant materials for corrosion resistant applications.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs Restoration Rebuilds masonry work, restores existing masonry work, cleans and seals masonry surfaces.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs Specialized Masonry Work Installs glass blocks, installs ornamental and sculptured masonry, builds arches.	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)
--------------------------------	----------------------	--------------------

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------



BRICKLAYER (MASON)
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

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:
-------------------	-----------------------	------------------