





**BRICKLAYER**  
**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

**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.** If sufficient evidence of steps taken is not provided, the application may not be approved.

---



---



---



---



---



---

**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.*

<b>Job Tasks (79)</b>	<b>Declaration Response</b>
<b>PERFORMS SAFETY-RELATED FUNCTIONS</b> Maintains safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USES AND MAINTAINS TOOLS AND EQUIPMENT</b> Maintains tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses rigging, hoisting and lifting equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses access equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USES SCAFFOLDING</b> Erects scaffolding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Dismantles scaffolding	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**  
**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

<b>Job Tasks (79)</b>	<b>Declaration Response</b>
Maintains scaffolding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ORGANIZES WORK</b> Uses drawings and specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plans daily tasks and activities	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares jobsite and materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Protects surrounding areas	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USES COMMUNICATION AND MENTORING TECHNIQUES</b> Uses communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORMS SUBSTRATE PREPARATION</b> Prepares vertical substrates and foundations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies parging	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs anchoring/tie systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs membrane and flashing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs insulation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORMS FUNDAMENTAL MASONRY TASKS</b> Lays out wall and coursing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Finishes joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cleans new masonry surfaces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Seals masonry surfaces	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**  
**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

<b>Job Tasks (79)</b>	<b>Declaration Response</b>
<b>USES MORTARS, GROUTS AND ADHESIVES</b> Mixes mortar, concrete, grout and adhesives	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses mortars	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses concrete and grout	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses adhesives	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>BUILDS MASONRY WALLS</b> Builds non-load-bearing walls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Builds load-bearing walls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>BUILDS HORIZONTAL MASONRY SURFACES</b> Prepares horizontal substrate	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Lays masonry units on horizontal surfaces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>BUILDS AND INSTALLS PREFABRICATED MASONRY</b> Builds prefabricated masonry	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Erects prefabricated masonry	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALLS SURFACE-BONDED MASONRY UNITS</b> Prepares substrate for surface-bonded masonry units	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies surface-bonded masonry units	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>BUILDS NATURAL STONE WALLS</b> Prepares natural stone	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Lays natural stone	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Damp cures walls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORMS MECHANICALLY-FASTENED NATURAL STONE CLADDING PROCEDURES</b> Prepares substrate for cladding	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**  
**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

<b>Job Tasks (79)</b>	<b>Declaration Response</b>
Prepares natural stone for cladding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs natural stone cladding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>BUILDS CHIMNEYS</b> Builds foundation supports for chimneys	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Lays masonry units to build chimneys	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs flue lining	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs related flashings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs caps	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>BUILDS FIREPLACES</b> Builds foundation for hearth, firebox, backup material and veneer	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Builds hearth, firebox and backup	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs damper	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Builds smoke chamber	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares existing fireplace for insert	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Faces fireplaces and inserts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALLS AND MAINTAINS REFRACTORIES</b> Prepares for installation of refractories and accessories	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares mortar for refractories	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removes existing refractories	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**  
**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

<b>Job Tasks (79)</b>	<b>Declaration Response</b>
Installs refractories	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs refractories	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALLS AND MAINTAINS CORROSION RESISTANT MATERIALS</b> Prepares for installation of corrosion resistant materials and accessories	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares mortar for corrosion resistant materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removes existing corrosion resistant materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs corrosion resistant materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs corrosion resistant materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REBUILDS MASONRY WORK</b> Disassembles unit masonry	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares restoration work area	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Reinstalls masonry and accessories	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>REPAIRS AND CLEANS EXISTING MASONRY WORK</b> Removes deteriorated masonry units	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repoints joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs masonry units	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Reinstalls masonry units and accessories	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cleans existing masonry surfaces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALLS GLASS BLOCKS</b> Prepares work area	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**  
**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

<b>Job Tasks (79)</b>	<b>Declaration Response</b>
Lays glass blocks	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>INSTALLS ORNAMENTAL AND SCULPTED MASONRY UNITS</b> Prepares for installation of ornamental and sculpted masonry units	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs ornamental and sculpted masonry units	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>BUILDS ARCHES</b> Prepares location	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Builds template	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Places template	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs arch masonry units	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removes template	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

**E. 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  
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

**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 ITA 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:	

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

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