



**CONCRETE FINISHER
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

This form is used to declare work experience for periods during which you were self-employed or a previous employer will not complete an Employer Declaration.

Note: *Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. For more information, see Instructions for Certification Challenge or Supervision and Sign-off Authority.*

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 **4,860 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

A. Applicant Name

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

B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)	
Mailing Address:			City:
Province/ State:	Country:		Postal Code/ Zip Code:
Business Phone Number: ()	Email Address:	Website:	

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

Dates of Employment (MM/DD/YYYY):		Total Number Hours of Concrete Finisher Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		



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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.

Job Tasks (57)	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS Use personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE TOOLS AND EQUIPMENT Use hand tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use power tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use measuring equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ORGANIZE WORK Use documentation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Determine material requirements and quantities	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 (57)	Declaration Response
Sequence work procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE COMMUNICATION AND MENTORING TECHNIQUES Use communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARE SITE Inspect site	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare sub-grade and elevations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE FORMWORK Construct concrete formwork	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install reinforcements	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect formwork and reinforcement	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install construction, isolation and expansion joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Remove forms	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PLACE CONCRETE Transport concrete on site	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Spread concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Consolidate concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Place concrete in vertical formwork	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LEVEL CONCRETE Establish elevation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Screed concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (57)	Declaration Response
Bull float concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
FLOAT CONCRETE Float concrete by hand	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Float concrete by machine	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
HAND TOOL CONCRETE Edge perimeter of slab	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Finish extruded concrete surfaces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tool contraction joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
TROWEL CONCRETE Trowel concrete by hand	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Trowel concrete by machine	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLY SURFACE TREATMENTS TO CONCRETE Apply dry shake aggregate surface hardeners	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply exposed aggregate finish	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Texture concrete surface	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply stamped concrete surface finish	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply evaporation reducers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CURE CONCRETE Wet-cure concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Chemical cure concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CREATE CONTRACTION JOINTS Saw cut contraction joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (57)	Declaration Response
Fill joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PROTECT CONCRETE Protect plastic concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Protect hardened concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REPAIR AND RESTORE CONCRETE Inspect concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Remove materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare surface for repair or restoration	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install repair materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLY SURFACE TREATMENT TO HARDENED CONCRETE Prepare surface for surface treatments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Abrade surface to achieve architectural finish	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply seamless systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply bonded and non-bonded toppings to concrete	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Parge vertical surfaces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply chemical surface treatment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
GROUT Prepare surface for grouting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install grout	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Finish exposed grout surface	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (57)	Declaration Response
PERFORM CUTTING AND CORING Perform cutting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform coring	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)
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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:	

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