



GLAZIER
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 **9,600 hours** performing the tasks listed in Section E, and
- experience performing at least **70%** of the job tasks listed in Section E

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 Glazier 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.

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
Use Safe Work Practices <i>Includes:</i> Control workplace hazards, Apply OHS regulations and WCB standards, Use Global Harmonized System 2015 (WHMIS) Certification, Use personal protective equipment, Practice fire prevention, Apply Level 1 First Aid practices, Use fall protection systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organize Work <i>Includes:</i> Interpret drawings and specifications, Use codes, regulations and standards, Apply manufacturer and supplier documentation, Apply trade math, Plan sequence of work, Handle materials, Communicate with others.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use Tools and Equipment <i>Includes:</i> Use hand tools, Use portable power tools, Use stationary power tools, Use layout and measuring equipment, Use ladders and scaffolds, Use rigging and hoisting equipment, Operate mobile access equipment.	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
Fabricate Commercial Systems <i>Includes:</i> Fabricate storefront systems, window systems, curtain walls, skylights and sloped glazing systems, guardrail, handrail and balustrade systems, Perform glass cutting and edge treatment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Commercial Systems <i>Includes:</i> Install storefront systems, window systems, curtain walls, skylights and sloped glazing systems, commercial entrance systems, guardrail, handrail and balustrade systems, building envelope membranes, flashing, Use caulking and sealants.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Residential Systems <i>Includes:</i> Install residential skylights and solariums, shower enclosures, mirrors and back-painted glass, guardrail, handrail and balustrade systems, residential windows, doors, frames and hardware, Lay out residential window and door systems, Glaze residential windows and doors,	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Specialty Glass and Products <i>Includes:</i> Lay out and assemble specialty glass and products, Install custom glazing systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Service Glazing Systems <i>Includes:</i> Service commercial and residential window and door systems.	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).

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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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