



**LATHER  
(INTERIOR SYSTEMS MECHANIC)  
(WALL AND CEILING INSTALLER)**

**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 **9,000 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

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:

**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 <b>Lather (Interior Systems Mechanic) (Wall and Ceiling Installer)</b> 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.

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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.

<b>Job Tasks</b>	<b>Declaration Response</b>
<b>Apply Safe Work Practices</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use Personal Protective Equipment	
Control Workplace Hazards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply GHS 2015 (WHMIS)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply OHS Regulations and WorkSafeBC Standards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Attain First Aid Certification	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply Fall Arrest Procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Apply Codes, Standards, and Documentation</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply Codes and Regulations	
Apply Fire Assembly Requirements	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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<b>Job Tasks</b>	<b>Declaration Response</b>
<b>Use Trade Related Skills</b>	Yes: <input type="checkbox"/>
Use Blueprints and Specifications	No: <input type="checkbox"/>
Apply Trade Math	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Plan a Project	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Use Trade Related Communication Skills	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
<b>Use Ladders, Scaffolds, and Lift Equipment</b>	Yes: <input type="checkbox"/>
Use Ladders, Scaffolds, and Aerial Lifts	No: <input type="checkbox"/>
Describe Rigging and Hoisting Practices	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
<b>Use Tools and Equipment</b>	Yes: <input type="checkbox"/>
Use Hand Tools	No: <input type="checkbox"/>
Use Power Tools	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Use Powder-Actuated and Gas-Actuated Tools	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Use Measurement and Layout Tools	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
<b>Install Insulation</b>	Yes: <input type="checkbox"/>
Install Thermal and Acoustic Insulation	No: <input type="checkbox"/>
Install Vapour Barriers and Sealants	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Control Mold	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
<b>Install Non Load Bearing Metal Framing</b>	Yes: <input type="checkbox"/>
Build Walls, Ceilings, and Bulkheads	No: <input type="checkbox"/>
Install Wood and Metal Backing	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Install Pressed Steel Frames	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Install Access Panels	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
<b>Install Load Bearing Metal Framing</b>	Yes: <input type="checkbox"/>
Build Wind Load and Axial Load Bearing Walls	No: <input type="checkbox"/>
Install Exterior Walls and Panelized Systems	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
Install Floor Joists	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>

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Job Tasks	Declaration Response
Describe Roof Rafters	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Install Gypsum Wallboard Products</b> Install Gypsum Wallboard	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Materials for Lead Radiation Shielding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Security Mesh	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Install Fireproofing and Soundproofing</b> Install Soundproofing Materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Materials for Fireproofing and Smoke Seals	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Shaft Wall Assemblies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Install Acoustical Ceilings</b> Build Basic Acoustical Ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Build Specialty Acoustical Ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Install Specialty Systems</b> Install Traditional Lath and Trims on Walls and Ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Build Access Floor Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Build Demountable Partitions	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Specialty Ceilings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Install Drywall Taping and Finishing</b> Describe Drywall Finishing Process	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Drywall Compounds, Tape, Beads, Trims, and Expansion Joints	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Apply Exterior Building Envelope Technologies</b> Install Air and Vapour Barriers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Exterior Finishes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Rainscreen Systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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**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).*

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