





**CARPENTER**  
**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 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.

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**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 (10)	Declaration Response
<b>Safe Work Practices</b> Apply shop and site safety practices; apply personal safety practices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Documentation and Organizational Skills</b> Describe carpentry trade; use construction drawings and specifications; interpret building codes and bylaws; plan and organize work; perform trade math	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Tools and Equipment</b> Use hand tools; use portable power tools; use stationary power tools; use oxy-fuel equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Survey Instruments and Equipment</b> Use levelling instruments and equipment; use site layout equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Access, Rigging and Hoisting Equipment</b> Use ladders, scaffolds and access equipment; use rigging and hoisting equipment	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 (10)	Declaration Response
<b>Site Layout</b> Lay out building locations; prepare building site; apply excavation and shoring practices	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Concrete Formwork</b> Use concrete types, materials, additives and treatments; build footing and vertical formwork; select concrete forming systems; build slab-on-grade forms and suspended slab forms; install reinforcement and embedded items; build concrete stair forms; place and finish concrete; install specialized formwork	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Wood Frame Construction</b> Describe wood frame construction; select framing materials; build floor systems; build wall systems; build stair systems; build roof systems; build specialized framing systems; perform renovations and additions; build timber and engineered wood construction; build decks and exterior structures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Finishing Materials</b> Install doors and hardware; install windows and hardware; install exterior finishes; install interior finishes; install cabinets; describe roofing materials; install interior floor, ceiling and wall systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Building Science</b> Control the forces acting on a building; control heat and sound transmission; control air and moisture movement in buildings	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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*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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**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:
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