

# Apprenticeship Manitoba

## Trades Qualification Statutory Declaration

### Insulator (Heat and Frost)

This form is to be completed by the applicant.  
Information provided in this form will be verified.

**Unless your work experience hours were gained through self-employment, Trades Qualification applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide at least one employer declaration from an employer who can verify your work experience.**

<b>A. Applicant Name</b>	Name of the individual declaring their employment experience
Full name:	

<b>B. Reason for Statutory Declaration</b>	Indicate why a Statutory Declaration is required?
<input type="checkbox"/> Employer is no longer in business <input type="checkbox"/> Employment records are not available <input type="checkbox"/> Applicant was self-employed ( <b>references required</b> ) <input type="checkbox"/> Employer will not complete Employer Declaration	
If you have been unable to obtain an Employer Declaration from any of your employers, please indicate below all the efforts that you have made to obtain an Employer Declaration. If sufficient evidence of steps taken is not provided, the application may not be approved.	

<b>C. Work History Information</b>			Enter the dates, title, total hours worked, and nature of employment for the period this declaration applies to.
Organization / Employer name:		Business Registration Number: (self-employed only)	
From (yyyy/mm/dd):	To (yyyy/mm/dd):	Job Title:	Total Hours Worked: (only hours on the tools)
Type of Employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other			

<b>Office use only:</b>	Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Comments:
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<b>D. Declaration of Job Tasks Performed</b> <b>2012 NOA</b>	<input checked="" type="checkbox"/> Check the NO box if you did not personally witness the applicant performing the tasks in the group. <input checked="" type="checkbox"/> Check the "Yes" box if you personally witnessed the applicant performing the tasks at the level of a journey person. Strike out any individual tasks not witnessed. <del>example</del>
<b>A – Common Occupational Skills</b> <b>Includes:</b> Uses and maintains tools and equipment; Performs safety-related functions; Organizes work; Performs routine trade practices	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B – Industrial Applications</b> <b>Includes:</b> Prepares for installation of insulation in industrial applications; Insulates piping and fittings; Insulates tanks, vessels and equipment; Installs protective cladding	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C – Commercial Applications</b> <b>Includes:</b> Prepares for installation of insulation in commercial applications; Insulates plumbing systems and mechanical piping; Insulates mechanical ducting; Insulates mechanical equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D – Common Applications</b> <b>Includes:</b> Installs insulation systems for refractory and cryogenic applications; Installs underground insulating systems; Insulates for soundproofing; Installs removable covers	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E – Distinctive Applications</b> <b>Includes:</b> Sprays sealers, coatings and spray-on insulation; Installs fire stop systems; Installs fireproofing	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F – Asbestos Abatement</b> <b>Includes:</b> Prepares for asbestos abatement; Performs asbestos removal procedures; Performs maintenance repair	<input type="checkbox"/> No <input type="checkbox"/> Yes

<b>E. Applicant Signature</b>	I certify that the information I provided is accurate.	
Signature:	Date: (yyyy/mm/dd)	
Printed name:	Daytime phone:	

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<b>F. References</b>	References must be provided for all self-employment Statutory Declaration forms.
<p>Include with your completed Statutory Declarations the names and contact information of two people who can verify your self-employed work experience. This may include a supplier, a former employee, a contractor in the industry, or a regular, long term client. Maximum of one reference per category.</p> <p>Each individual listed will be contacted by Apprenticeship Manitoba to verify the information provided in your application.</p>	

First Name:	Last Name:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

First Name:	Last Name:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address: