

# APPRENTICESHIP MANITOBA

## Trades Qualification Statutory Declaration

### Carpenter

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.				
<b>Organization / Employer name:</b>	<b>Business Registration Number:</b> (self-employed only)				
<b>From (yyyy/mm/dd):</b>	<b>To (yyyy/mm/dd):</b>	<b>Job Title:</b>	<b>Total Hours Worked:</b> (only hours on the tools)		
<b>Type of Employment:</b>	<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> 2013 NOA	<input checked="" type="checkbox"/> Check the "No" box if none of the tasks were performed by you. <input checked="" type="checkbox"/> Check the "Yes" box if you performed the tasks at the level of a journeyperson. 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 activities; Uses building materials; Builds and uses temporary access structures	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B – Planning and Layout</b> <b>Includes:</b> Interprets documentation; Organizes work; Performs layout	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C – Concrete</b> <b>Includes:</b> Constructs formwork; Installs concrete, cement-based and epoxy products	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D – Framing</b> <b>Includes:</b> Constructs floor systems; Constructs deck systems; Constructs wall systems; Constructs roof and ceiling systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E – Exterior Finish</b> <b>Includes:</b> Installs exterior doors and windows; Installs roofing; Installs exterior finishes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F – Interior Finish</b> <b>Includes:</b> Applies wall and ceiling finishes; Installs flooring; Installs interior doors and windows; Constructs and installs finish components and stairs	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>G – Renovations</b> <b>Includes:</b> Performs renovation-specific support activities; Performs renovation-specific construction activities	<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:	

Brandon  
128, 340-9<sup>th</sup> Street  
R7A 6C2  
PH: 204-726-6365  
FAX: 204-726-6912

Thompson  
118-3 Station Road  
R8N 0N3  
PH: 204-677-6346  
FAX: 204-677-6689

Winnipeg  
100-111 Lombard Avenue  
R3B 0T4  
PH: 204-945-3337  
FAX: 204-948-2346

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<b>F. References</b>	References must be provided for all self-employment Statutory Declaration forms.
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.	
Each individual listed will be contacted by Apprenticeship Manitoba to verify the information provided in your application.	

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: