

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, 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.

A. Applicant Name	Name of the individual declaring their employment experience
Full name:	

B. Reason for Statutory Declaration	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 (references required) <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.	

C. Work History Information	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:	Full time	Part time	Seasonal Self-employed Other

Office use only:	Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Designated Trainer – ATC Recommend	Date:	Signature:
Executive Director Approval	Date:	Signature:

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D. Declaration of Job Tasks Performed 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. example	
A – Common Occupational Skills Includes: Uses and maintains tools and equipment; Performs safety related activities; Uses building materials; Builds and uses temporary access structures	No Yes
B – Planning and Layout Includes: Interprets documentation; Organizes work; Performs layout	No Yes
C – Concrete Includes: Constructs formwork; Installs concrete, cement-based and epoxy products	No Yes
D – Framing Includes: Constructs floor systems; Constructs deck systems; Constructs wall systems; Constructs roof and ceiling systems	No Yes
E – Exterior Finish Includes: Installs exterior doors and windows; Installs roofing; Installs exterior finishes	No Yes
F – Interior Finish Includes: Applies wall and ceiling finishes; Installs flooring; Installs interior doors and windows; Constructs and installs finish components and stairs	No Yes
G – Renovations Includes: Performs renovation-specific support activities; Performs renovation-specific construction activities	No Yes

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

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F. References	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:

**Submit form to one of
the following offices:**

Brandon
128, 340-9th 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