

C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ()	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
☐ English ☐ Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

JOB TASKS (68)	SUPERVISOR DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Performs safety-related functions		
Maintains safe work environment	☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Performs routine work practices		
Conducts operational tests	☐ Yes	☐ No
Maintains fluids, lubricants and coolants	☐ Yes	☐ No
Services filters	☐ Yes	☐ No
Maintains hoses, tubing and fittings	☐ Yes	☐ No
Services bearings, bushings and seals	☐ Yes	☐ No
Uses fasteners, sealants, adhesives and gaskets	☐ Yes	☐ No
Cleans components	☐ Yes	☐ No
Verifies equipment and component repairs	☐ Yes	☐ No
Performs failure analysis	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

JOB TASKS (68)	SUPERVISOR DECLARATION RESPONSE	
Organizes work		
Uses documentation	☐ Yes	☐ No
Plans daily tasks	☐ Yes	☐ No
Uses and maintains tools and equipment		
Uses tools and equipment	☐ Yes	☐ No
Uses hoisting, lifting and securing equipment	☐ Yes	☐ No
Uses electronic devices and systems for diagnostics and programming	☐ Yes	☐ No
Uses communication and mentoring techniques		
Uses communication and mentoring techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
DIAGNOSES AND REPAIRS ENGINES AND ENGINE SUPPORT SYSTEMS		
Diagnoses engine and engine support systems		
Diagnoses base engines	☐ Yes	☐ No
Diagnoses lubrication systems	☐ Yes	☐ No
Diagnoses cooling systems	☐ Yes	☐ No
Diagnoses intake and exhaust systems	☐ Yes	☐ No
Diagnoses fuel delivery systems	☐ Yes	☐ No
Diagnoses engine management systems	☐ Yes	☐ No
Diagnoses emissions control systems	☐ Yes	☐ No
Repairs engine and engine support systems		
Repairs base engines	☐ Yes	☐ No
Repairs lubrication systems	☐ Yes	☐ No
Repairs cooling systems	☐ Yes	☐ No
Repairs intake and exhaust systems	☐ Yes	☐ No
Repairs fuel delivery systems	☐ Yes	☐ No

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JOB TASKS (68)	SUPERVISOR DECLARATION RESPONSE	
Repairs engine management systems	☐ Yes	☐ No
Repairs emissions control systems	☐ Yes	☐ No
DIAGNOSES AND REPAIRS DRIVE TRAINS		
Diagnoses drive trains		
Diagnoses dry clutches	☐ Yes	☐ No
Diagnoses driveline systems and components	☐ Yes	☐ No
Diagnoses wet clutches, transmissions and gear cases	☐ Yes	☐ No
Diagnoses differentials and final drives	☐ Yes	☐ No
Repairs drive trains		
Repairs dry clutches	☐ Yes	☐ No
Repairs driveline systems and components	☐ Yes	☐ No
Repairs wet clutches, transmissions and gear cases	☐ Yes	☐ No
Repairs differentials and final drives	☐ Yes	☐ No
DIAGNOSES AND REPAIRS HYDRAULIC, HYDROSTATIC AND PNEUMATIC SYSTEMS		
Diagnoses hydraulic, hydrostatic and pneumatic systems		
Diagnoses hydraulic and hydrostatic systems	☐ Yes	☐ No
Diagnoses pneumatic systems	☐ Yes	☐ No
Repairs hydraulic, hydrostatic and pneumatic systems		
Repairs hydraulic and hydrostatic systems	☐ Yes	☐ No
Repairs pneumatic systems	☐ Yes	☐ No
DIAGNOSES AND REPAIRS ELECTRICAL AND ELECTRONIC SYSTEMS		
Diagnoses electrical/electronic power and control monitoring systems		
Diagnoses electrical power and control monitoring systems	☐ Yes	☐ No
Diagnoses electronic power and control monitoring systems	☐ Yes	☐ No

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AGRICULTURAL EQUIPMENT TECHNICIAN

EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC 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@skilledtradesbc.ca

JOB TASKS (68)	SUPERVISOR DECLARATION RESPONSE	
Repairs electrical/electronic power and control monitoring systems		
Repairs electrical power and control monitoring systems	☐ Yes	☐ No
Repairs electronic power and control monitoring systems	☐ Yes	☐ No
DIAGNOSES AND REPAIRS STEERING, BRAKES AND SUSPENSIONS		
Diagnoses steering and brake systems		
Diagnoses steering systems	☐ Yes	☐ No
Diagnoses brake systems	☐ Yes	☐ No
Repairs steering and brake systems		
Repairs steering systems	☐ Yes	☐ No
Repairs brake systems	☐ Yes	☐ No
Diagnoses track, wheel and suspension systems		
Diagnoses track systems	☐ Yes	☐ No
Diagnoses wheel assemblies	☐ Yes	☐ No
Diagnoses suspension systems	☐ Yes	☐ No
Repairs track, wheel and suspension systems		
Repairs track systems	☐ Yes	☐ No
Repairs wheel assemblies	☐ Yes	☐ No
Repairs suspension systems	☐ Yes	☐ No
DIAGNOSES AND REPAIRS STRUCTURAL COMPONENTS AND OPERATOR STATIONS		
Diagnoses structural components		
Diagnoses frame components	☐ Yes	☐ No
Verifies condition of operator protective structures	☐ Yes	☐ No
Diagnoses equipment body	☐ Yes	☐ No

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JOB TASKS (68)	SUPERVISOR DECLARATION RESPONSE	
Repairs structural components		
Repairs frame components	☐ Yes	☐ No
Replaces operator protective structures	☐ Yes	☐ No
Repairs equipment body	☐ Yes	☐ No
Diagnoses climate control systems		
Diagnoses heating and ventilation systems	☐ Yes	☐ No
Diagnoses air conditioning systems	☐ Yes	☐ No
Repairs climate control systems		
Repairs heating and ventilation systems	☐ Yes	☐ No
Repairs air conditioning systems	☐ Yes	☐ No

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is true and 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.)

Supervisor Signature:	Date Signed: (MM/DD/YYYY)
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