

This form is used to declare work experience for periods during which you were self-employed, or a previous employer will not complete an Employer Declaration.

Note: Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. For more information, see Instructions for Certification Challenge.

“Agricultural Equipment Technician” means a person who repairs power driven farm equipment and any of the associated attachments, or specialty equipment that may be deemed to be of an agricultural nature.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **8,790 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Email Address:	Website:

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY): From: To:	Total Number Hours of Agricultural Equipment Technician Experience Accumulated in Period:
Job Title of Applicant:	

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
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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 to be 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.**

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 (68)	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

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JOB TASKS (68)	DECLARATION RESPONSE	
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
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

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JOB TASKS (68)	DECLARATION RESPONSE	
Repairs intake and exhaust systems	☐ Yes	☐ No
Repairs fuel delivery systems	☐ Yes	☐ No
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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JOB TASKS (68)	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
Repairs structural components		
Repairs frame components	☐ Yes	☐ No
Replaces operator protective structures	☐ Yes	☐ No

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JOB TASKS (68)	DECLARATION RESPONSE	
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. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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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 SkilledTradesBC to verify the information provided on your application.

1. Reference

Relationship to Applicant:		
☐ Former Employee	☐ Contractor	☐ Supplier
☐ Co-worker	☐ Client	☐ 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)	
	☐ English ☐ Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
☐ Former Employee	☐ Contractor	☐ Supplier
☐ Co-worker	☐ Client	☐ 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)	
	☐ English ☐ Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
☐ Former Employee	☐ Contractor	☐ Supplier
☐ Co-worker	☐ Client	☐ 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)	
	☐ English ☐ Other (specify):	
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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