RECREATION VEHICLE SERVICE 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

This form is used to declare work experience for periods of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.

Recreation vehicles (RV) are vehicles designed as temporary living quarters for recreational, camping, travel, or seasonal use. RVs may be motorized (motorhomes) or towable (travel trailers, folding camping trailers, truck campers, and park models). RVs do not include off-road vehicles. RV service technicians work on systems and components of recreation vehicles, including electrical components, plumbing, propane gas components, appliances, exterior and interior components, structural frames, and towing systems. They diagnose, repair, replace, install, adjust, test, maintain and modify these components and systems. They may also perform maintenance and repairs on trailer frames and running gear. They must be knowledgeable about each system's function and the interaction among various systems. However, it is important to note that they do not work on the motor or drive train components of motorized RVs. RV service technicians are typically employed at RV dealerships, independent RV repair shops, RV manufacturers and may also be self-employed. They may work at indoor shops and outdoors at RV sites. Safety is important due to risks and hazards such as: working at heights, with electricity, with explosive and volatile materials, in the outdoor environment, and under vehicles.

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **7,020 hours 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

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

B. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

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

Enter the dates and number of hours for this period of employment.

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Recreation Vehicle Service Technician** Experience Accumulated in Period:
Job Title of Applicant:	

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

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 (87)	SUPERVISOR DECLARATION RESPONSE	
Performs Safety-Related Activities		
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Maintains safe work environment	☐ Yes	☐ No
Uses And Maintains Tools And Equipment		
Uses tools and equipment	☐ Yes	☐ No
Uses lifting, moving and access equipment	☐ Yes	☐ No
Performs Common Work Practices And Procedures		
Uses documents	☐ Yes	☐ No
Identifies recalls and service bulletins	☐ Yes	☐ No
Performs pre-delivery inspections (PDI)	☐ Yes	☐ No
Uses Communication And Mentoring Techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ 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:

SKILLED TRADES BC

RECREATION VEHICLE SERVICE 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 (87)	SUPERVISOR DECLARATION RESPONSE	
Diagnoses Plumbing Systems		
Diagnoses potable water systems	☐ Yes	☐ No
Diagnoses waste water systems	☐ Yes	☐ No
Services Potable Water Systems		
Maintains potable water systems	☐ Yes	☐ No
Repairs potable water systems	☐ Yes	☐ No
Installs potable water systems	☐ Yes	☐ No
Services Waste Water Systems		
Maintains waste water systems	☐ Yes	☐ No
Repairs waste water systems	☐ Yes	☐ No
Installs waste water systems	☐ Yes	☐ No
Diagnoses Electrical Systems		
Diagnoses AC electrical systems	☐ Yes	☐ No
Diagnoses DC electrical systems	☐ Yes	☐ No
Diagnoses generators	☐ Yes	☐ No
Services AC Electrical Systems		
Maintains AC electrical systems	☐ Yes	☐ No
Repairs AC electrical systems	☐ Yes	☐ No
Installs AC electrical systems	☐ Yes	☐ No
Services DC Electrical Systems		
Maintains DC electrical systems	☐ Yes	☐ No
Repairs DC electrical systems	☐ Yes	☐ No
Installs DC electrical systems	☐ Yes	☐ No
Services Generators		
Maintains generators	☐ 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:

SKILLED TRADES BC

RECREATION VEHICLE SERVICE 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 (87)	SUPERVISOR DECLARATION RESPONSE	
Installs generators	☐ Yes	☐ No
Diagnoses Liquefied Petroleum (LP) Gas Systems		
Diagnoses LP gas supply systems (high pressure)	☐ Yes	☐ No
Diagnoses LP gas distribution systems (low pressure)	☐ Yes	☐ No
Services LP Gas Systems		
Maintains LP gas systems	☐ Yes	☐ No
Repairs LP gas systems	☐ Yes	☐ No
Installs LP gas systems	☐ Yes	☐ No
Diagnoses Appliances		
Diagnoses water heaters	☐ Yes	☐ No
Diagnoses furnaces	☐ Yes	☐ No
Diagnoses cooktops and ranges	☐ Yes	☐ No
Diagnoses refrigerators and ice makers	☐ Yes	☐ No
Diagnoses air conditioners and heat pumps	☐ Yes	☐ No
Services Water Heaters		
Maintains water heaters	☐ Yes	☐ No
Repairs water heaters	☐ Yes	☐ No
Installs water heaters	☐ Yes	☐ No
Services Furnaces		
Maintains furnaces	☐ Yes	☐ No
Repairs furnaces	☐ Yes	☐ No
Installs furnaces	☐ Yes	☐ No
Services Cooktops And Ranges		
Maintains cooktops and ranges	☐ Yes	☐ No
Repairs cooktops and ranges	☐ 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:

SKILLED TRADES BC

RECREATION VEHICLE SERVICE 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 (87)	SUPERVISOR DECLARATION RESPONSE	
Installs cooktops and ranges	☐ Yes	☐ No
Services Refrigerators And Ice Makers		
Maintains refrigerators and ice makers	☐ Yes	☐ No
Repairs refrigerators and ice makers	☐ Yes	☐ No
Installs refrigerators and ice makers	☐ Yes	☐ No
Services Air Conditioners (A/C) And Heat Pumps		
Maintains air conditioners and heat pumps	☐ Yes	☐ No
Repairs air conditioners and heat pumps	☐ Yes	☐ No
Installs air conditioners and heat pumps	☐ Yes	☐ No
Services Consumer Products		
Replaces consumer products	☐ Yes	☐ No
Installs consumer products	☐ Yes	☐ No
Diagnoses Interior And Exterior Components		
Diagnoses interior components	☐ Yes	☐ No
Diagnoses exterior components	☐ Yes	☐ No
Services Interior Components		
Maintains interior components	☐ Yes	☐ No
Repairs interior components	☐ Yes	☐ No
Installs interior components	☐ Yes	☐ No
Services Exterior Components		
Maintains exterior components	☐ Yes	☐ No
Repairs exterior components	☐ Yes	☐ No
Installs exterior components	☐ Yes	☐ No
Diagnoses Frames And Mechanical Components		
Diagnoses frames	☐ 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:

RECREATION VEHICLE SERVICE 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 (87)	SUPERVISOR DECLARATION RESPONSE	
Diagnoses running gear	☐ Yes	☐ No
Diagnoses levelling systems	☐ Yes	☐ No
Diagnoses slide-out systems	☐ Yes	☐ No
Diagnoses lifting systems	☐ Yes	☐ No
Services Frames		
Maintains frames	☐ Yes	☐ No
Repairs frames	☐ Yes	☐ No
Services Running Gear		
Maintains running gear	☐ Yes	☐ No
Repairs running gear	☐ Yes	☐ No
Services Levelling Systems		
Maintains levelling systems	☐ Yes	☐ No
Repairs levelling systems	☐ Yes	☐ No
Installs levelling systems	☐ Yes	☐ No
Services Slide-Out Systems		
Maintains slide-out systems	☐ Yes	☐ No
Repairs slide-out systems	☐ Yes	☐ No
Services Lifting Systems		
Maintains lifting systems	☐ Yes	☐ No
Repairs lifting systems	☐ Yes	☐ No
Diagnoses Towing Systems		
Diagnoses tow vehicle systems	☐ Yes	☐ No
Diagnoses towed vehicle systems	☐ Yes	☐ No
Services Tow Vehicle Systems		
Maintains tow vehicle systems	☐ 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:

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 (87)	SUPERVISOR DECLARATION RESPONSE	
Repairs tow vehicle systems	☐ Yes	☐ No
Installs tow vehicle systems	☐ Yes	☐ No
Services Towed Vehicle Systems		
Maintains towed vehicle systems	☐ Yes	☐ No
Repairs towed vehicle systems	☐ Yes	☐ No
Installs towed vehicle 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)

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: