RECREATION VEHICLE SERVICE TECHNICIAN

STATUTORY 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 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 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

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

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 **Recreation Vehicle Service Technician** Experience Accumulated in Period:
Job Title of Applicant:	

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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 (87)	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

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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JOB TASKS (87)	DECLARATION RESPONSE	
Performs pre-delivery inspections (PDI)	☐ Yes	☐ No
Uses Communication And Mentoring Techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
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

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JOB TASKS (87)	DECLARATION RESPONSE	
Installs DC electrical systems	☐ Yes	☐ No
Services Generators		
Maintains generators	☐ Yes	☐ No
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

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JOB TASKS (87)	DECLARATION RESPONSE	
Repairs cooktops and ranges	☐ Yes	☐ No
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
Diagnoses running gear	☐ Yes	☐ No

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JOB TASKS (87)	DECLARATION RESPONSE	
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
Repairs tow vehicle systems	☐ Yes	☐ No
Installs tow vehicle systems	☐ Yes	☐ No

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