PARTS TECHNICIAN 1

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.

A "Parts Technician 1" is involved in ordering, warehousing, maintaining inventory control and sales of parts. They are responsible for identifying parts and equipment, searching for parts, shipping and receiving parts, providing customer service and advice, and maintaining records.
A Parts Technician works in various industries such as automotive service, commercial transport, heavy duty equipment, small engine repair, aeronautics, agricultural equipment, marine equipment, the mining sector, and the forestry sector. The work environment for Parts Technicians is generally indoors in a warehouse and/or at a service counter. Some parts people may perform deliveries of parts to their customers. Parts Technicians generally work in teams that include retail service staff, sales staff, and service technicians.

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

- worked a minimum of **2,520 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 **Parts Technician 1** Experience Accumulated in Period:
Job Title of Applicant:	

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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 (32)	SUPERVISOR DECLARATION RESPONSE	
Overview Of Warehouse Operations		
Use Ethical Behaviour in a Warehouse Environment	☐ Yes	☐ No
Interpret the Human Rights Statutes in British Columbia	☐ Yes	☐ No
Apply Basic Warehouse Terminology and Operations	☐ Yes	☐ No
Apply Warehouse Skill Requirements	☐ Yes	☐ No
Use Warehouse Technology	☐ Yes	☐ No
Maintain the Relationship of the Warehouse to Other Divisions Within an Enterprise	☐ Yes	☐ No
Communication And Comprehension Skills		
Use Effective Verbal Communication Skills	☐ Yes	☐ No
Use Basic Written Communication Skills	☐ Yes	☐ No
Use Various Warehouse Calculations	☐ 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:

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JOB TASKS (32)	SUPERVISOR DECLARATION RESPONSE	
Warehouse Safety Skills		
Define Basic First Aid	☐ Yes	☐ No
Maintain a Safe Work Environment	☐ Yes	☐ No
Apply Regulations and Procedures for the Transporting of Dangerous Goods	☐ Yes	☐ No
Apply WHMIS	☐ Yes	☐ No
Use Safe Lifting, Carrying, and Repetitive Strain Injury Control Prevention	☐ Yes	☐ No
Employ Applicable Environmental Protection for the Recycling of Waste Materials	☐ Yes	☐ No
Apply Fire and Emergency Response Procedures	☐ Yes	☐ No
Use the Components of a Safety Meeting	☐ Yes	☐ No
Basic Material Handling Operations And Procedures		
Receive Goods and Complete Related Documentation	☐ Yes	☐ No
Perform Distribution and Stocking of Incoming Materials	☐ Yes	☐ No
Store Material	☐ Yes	☐ No
Fill Orders from Stock	☐ Yes	☐ No
Perform Allocation of Products	☐ Yes	☐ No
Pack Goods for Transportation	☐ Yes	☐ No
Employ Correct Stock Maintenance	☐ Yes	☐ No
Process Returned Items	☐ Yes	☐ No
Material Handling And Packaging Equipment		
Use Appropriate Small Tools for Package Handling	☐ Yes	☐ No
Use Manual Handling Equipment	☐ Yes	☐ No
Perform Safe Operation of a Forklift	☐ Yes	☐ No
Perform Safe Operation of a Narrow Aisle Forklift	☐ Yes	☐ No

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

Supervisor First and Last Name (Please Print):	
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JOB TASKS (32)	SUPERVISOR DECLARATION RESPONSE	
Perform Safe Operation of Cranes and Required Rigging	☐ Yes	☐ No
Information Technology In Warehousing		
Use Information Technology in a Warehouse Environment	☐ Yes	☐ No
Use Work Computers Ethically	☐ 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: