PARTS TECHNICIAN 1

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.

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

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 **Parts Technician 1** 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 (32)	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
Warehouse Safety Skills		
Define Basic First Aid	☐ Yes	☐ No
Maintain a Safe Work Environment	☐ 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 (32)	DECLARATION RESPONSE	
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
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. 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)

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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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 ☐ Co-worker		☐ Contractor ☐ Client	☐ Supplier ☐ 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 ☐ Co-worker		☐ Contractor ☐ Client	☐ Supplier ☐ 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 ☐ Co-worker		☐ Contractor ☐ Client	☐ Supplier ☐ 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:	

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: