MARINE MECHANICAL 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.

"Marine Mechanical Technician" means a person who installs, troubleshoots, repairs and maintains engines, drive trains and other mechanical, electrical and fluid systems typically used in the recreational marine industry. Some light commercial and industrial applications are serviced. This work involves all aspects of repairs to diesel engines, gasoline engines, outboard engines, conventional inboard drive trains and stern drives.

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 **7,200 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Holders of **Certificate of Qualification in Inboard/ Outboard Mechanic, Automotive Service Technician, Motorcycle Technician, Heavy Duty Equipment Technician, Truck and Transport Mechanic, or Diesel Engine Mechanic** will be eligible to challenge this certification by documenting **4,950 hours** of directly related Marine Mechanical Technician work experience.

Holders of a **Certificate of Qualification in Marine Service Technician** will be eligible to challenge this certification by documenting **6,075 hours** of directly related Marine Mechanical Technician work experience.

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:		
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 **Marine Mechanical Technician** 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 (76)	SUPERVISOR DECLARATION RESPONSE	
Occupational Skills		
Uses tools and equipment	☐ Yes	☐ No
Works safely	☐ Yes	☐ No
Follows safe yard and marina practices	☐ Yes	☐ No
Operates vessels	☐ Yes	☐ No
Uses documentation	☐ Yes	☐ No
Uses fasteners and fittings	☐ Yes	☐ No
Uses composites	☐ Yes	☐ No
Selects and uses lubricants and coolants	☐ Yes	☐ No
Vessel Systems		
Demonstrates an understanding of Thru-hulls	☐ Yes	☐ No
Demonstrates an understanding of cabin heating systems	☐ Yes	☐ No
Demonstrates an understanding of A/C and refrigeration theory	☐ Yes	☐ No
Demonstrates an understanding of safe propane installations	☐ Yes	☐ No
Demonstrates an understanding of davits, hoists and windlasses	☐ Yes	☐ No
Demonstrates an understanding of fire suppression equipment and lock outs	☐ Yes	☐ No

Enter the supervisor's name and initials (repeat 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 (76)	SUPERVISOR DECLARATION RESPONSE	
Inspects and repairs mechanical and electrical steering systems	☐ Yes	☐ No
Installs fresh/waste water plumbing systems	☐ Yes	☐ No
Demonstrates an understanding of water makers	☐ Yes	☐ No
Services and installs bilge pump systems	☐ Yes	☐ No
Hydraulic Equipment		
Demonstrates an understanding of hydraulic theory and system components	☐ Yes	☐ No
Services and installs hydraulic steering systems	☐ Yes	☐ No
Diagnoses and repairs hydraulic equipment	☐ Yes	☐ No
Metal Working		
Performs metal fabrication operations	☐ Yes	☐ No
Uses oxy-acetylene torch	☐ Yes	☐ No
Electrical		
Demonstrates an understanding of principles of electrical theory	☐ Yes	☐ No
Reads and uses electrical schematics	☐ Yes	☐ No
Uses electrical measurement and diagnostic equipment	☐ Yes	☐ No
Demonstrates an understanding of storage battery types and applications	☐ Yes	☐ No
Selects, installs and tests batteries	☐ Yes	☐ No
Services and installs AC chargers and inverters	☐ Yes	☐ No
Diagnoses alternators and charging faults	☐ Yes	☐ No
Diagnoses engine starters and solenoids	☐ Yes	☐ No
Installs DC electrical wiring and circuits for electrical equipment	☐ Yes	☐ No
Diagnoses wiring and electrical components	☐ Yes	☐ No
Diagnoses and installs alarms, gauges and senders	☐ Yes	☐ No
Services and installs gensets	☐ Yes	☐ No
Engine Support Systems		
Services and installs fuel tanks	☐ Yes	☐ No
Inspects and installs fuel lines	☐ Yes	☐ No

Enter the supervisor's name and initials (repeat on every page of this form)

Supervisor First and Last Name (Please Print):	
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JOB TASKS (76)	SUPERVISOR DECLARATION RESPONSE	
Services fuel pumps and filters	☐ Yes	☐ No
Demonstrates an understanding of fuels and fuel additives	☐ Yes	☐ No
Demonstrates an understanding of inboard and I/O exhaust system types and design	☐ Yes	☐ No
Inspects and repairs exhaust systems	☐ Yes	☐ No
Demonstrates an understanding of engine room/compartment layout and ventilation	☐ Yes	☐ No
Engines		
Demonstrates an understanding of reciprocating engine theory and operation	☐ Yes	☐ No
Diagnoses and repairs engine cooling systems	☐ Yes	☐ No
Performs leak down, cylinder balance and compression tests	☐ Yes	☐ No
Disassembles, inspects and reassembles engines	☐ Yes	☐ No
Measures engine components and specific machining requirements	☐ Yes	☐ No
Performs engine components adjustments procedures	☐ Yes	☐ No
Boat Trailers		
Services boat trailers	☐ Yes	☐ No
Marine Drive Systems		
Diagnoses propellors	☐ Yes	☐ No
Removes and installs propellors	☐ Yes	☐ No
Installs I/O drives	☐ Yes	☐ No
Services and diagnoses stern drive components	☐ Yes	☐ No
Repairs transom housings	☐ Yes	☐ No
Demonstrates an understanding of jet drive and surface piercing drives	☐ Yes	☐ No
Services inboard drive trains	☐ Yes	☐ No
Diagnoses inboard transmissions and V-drives	☐ Yes	☐ No
Diagnoses drive train vibration sources	☐ Yes	☐ No
Installs and services engine mounting systems	☐ Yes	☐ No
Diagnoses and repairs O/B drive components	☐ Yes	☐ No
Services thrusters and trim tabs	☐ Yes	☐ No

Enter the supervisor's name and initials (repeat on every page of this form)

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JOB TASKS (76)	SUPERVISOR DECLARATION RESPONSE	
Ignition Systems		
Services ignition systems	☐ Yes	☐ No
Diagnoses ignition system faults	☐ Yes	☐ No
Diagnoses and repairs conventional ignition systems	☐ Yes	☐ No
Diagnoses and repairs electronic ignition systems	☐ Yes	☐ No
Control Systems		
Diagnoses and repairs engine control systems	☐ Yes	☐ No
Demonstrates an understanding of autopilot types, systems	☐ Yes	☐ No
Fuel Delivery		
Diagnoses diesel injector pumps	☐ Yes	☐ No
Diagnoses and services diesel injectors	☐ Yes	☐ No
Services diesel fuel transfer pump and primary fuel systems	☐ Yes	☐ No
Inspects and treats diesel fuel	☐ Yes	☐ No
Services engine preheat systems	☐ Yes	☐ No
Services turbochargers and intercoolers	☐ Yes	☐ No
Services gasoline fuel system components	☐ Yes	☐ No
Diagnoses and repairs gasoline fuel systems faults	☐ Yes	☐ No
Diagnoses and repairs oil injection 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)

Enter the supervisor's name and initials (repeat 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: