

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

Legal Last Name:

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.

Legal Middle Name(s):

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge.

"Agricultural Equipment Technician" means a person who repairs power driven farm equipment and any of the associated attachments, or specialty equipment that may be deemed to be of an agricultural nature.

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

- worked a minimum of **8,790 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:

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

B. Employment Informati Enter the business information for the a	applicant's period of employmen	at declared for this trade.	
Name of Organization/Employer/Bus	iness:		
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 f	For this period of employment.		
Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of Agricultural Equipment Technician Experience Accumulated in Period:	
From: To	0:	Experience Accumulated in Feriou.	
Job Title of Applicant:		I	



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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 communicat	e: (check all that apply)		
☐ English ☐ Other (plea	ase specify):		
D. Supervisor Declaration of Job Task Perfe	ormance of Applicant		
By checking "Yes" or "No" in the Declaration Response column personally witnessed the applicant performing the job tasks lis	n, indicate whether you, as the direct superviso ted.	or of the applican	ıt, have
JOB TASKS (68	8) SUPERVISO DECLARATIO RESPONSI		RATION
PERFORMS COMMON OCCUPATIONAL SKILLS	<u> </u>		
Performs safety-related functions			
Maintains safe work environment		☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equ	uipment	☐ Yes	☐ No
Performs routine work practices			
Conducts operational tests		☐ Yes	☐ No
Maintains fluids, lubricants and coolants		☐ Yes	☐ No
Services filters		☐ Yes	☐ No
Maintains hoses, tubing and fittings		☐ Yes	☐ No
Services bearings, bushings and seals		Yes	☐ No
Uses fasteners, sealants, adhesives and gaskets		☐ Yes	☐ No
Cleans components		☐ Yes	☐ No
Verifies equipment and component repairs		Yes	☐ No
Performs failure analysis		Yes	☐ No
Supervisor must enter name and initials on every page of this f	form		
Supervisor First and Last Name (Please Print):			
I hereby certify, that to the best of my knowledge, the inform		Supervisor's In	itials:



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JOB TASKS (68)	SUPERVISOR DECLARATION RESPONSE	
Organizes work		
Uses documentation	☐ Yes	☐ No
Plans daily tasks	☐ Yes	☐ No
Uses and maintains tools and equipment		
Uses tools and equipment	☐ Yes	☐ No
Uses hoisting, lifting and securing equipment	Yes	☐ No
Uses electronic devices and systems for diagnostics and programming	Yes	☐ No
Uses communication and mentoring techniques		
Uses communication and mentoring techniques	Yes	☐ No
Uses mentoring techniques	Yes	☐ No
DIAGNOSES AND REPAIRS ENGINES AND ENGINE SUPPORT SYSTEMS		
Diagnoses engine and engine support systems		
Diagnoses base engines	☐ Yes	☐ No
Diagnoses lubrication systems	☐ Yes	☐ No
Diagnoses cooling systems	☐ Yes	☐ No
Diagnoses intake and exhaust systems	☐ Yes	☐ No
Diagnoses fuel delivery systems	☐ Yes	☐ No
Diagnoses engine management systems	☐ Yes	☐ No
Diagnoses emissions control systems	☐ Yes	☐ No
Repairs engine and engine support systems		
Repairs base engines	☐ Yes	☐ No
Repairs lubrication systems	☐ Yes	☐ No
Repairs cooling systems	☐ Yes	☐ No
Repairs intake and exhaust systems	☐ Yes	☐ No
Repairs fuel delivery 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 In	itials:



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JOB TASKS (68)	JOB TASKS (68) SUPERVISOR DECLARATION RESPONSE	
Repairs engine management systems	☐ Yes	☐ No
Repairs emissions control systems	☐ Yes	☐ No
DIAGNOSES AND REPAIRS DRIVE TRAINS		
Diagnoses drive trains		
Diagnoses dry clutches	☐ Yes	☐ No
Diagnoses driveline systems and components	☐ Yes	☐ No
Diagnoses wet clutches, transmissions and gear cases	☐ Yes	☐ No
Diagnoses differentials and final drives	☐ Yes	☐ No
Repairs drive trains		
Repairs dry clutches	Yes	☐ No
Repairs driveline systems and components	Yes	☐ No
Repairs wet clutches, transmissions and gear cases	Yes	□ No
Repairs differentials and final drives	Yes	 No
DIAGNOSES AND REPAIRS HYDRAULIC, HYDROSTATIC AND PNEUMATIC SYSTE	MS	
Diagnoses hydraulic, hydrostatic and pneumatic systems		
Diagnoses hydraulic and hydrostatic systems	Yes	☐ No
Diagnoses pneumatic systems	☐ Yes	□ No
Repairs hydraulic, hydrostatic and pneumatic systems		
Repairs hydraulic and hydrostatic systems	Yes	☐ No
Repairs pneumatic systems	Yes	No
DIAGNOSES AND REPAIRS ELECTRICAL AND ELECTRONIC SYSTEMS		_
Diagnoses electrical/electronic power and control monitoring systems		
Diagnoses electrical power and control monitoring systems	Yes	□ No
Diagnoses electronic power and control monitoring systems	☐ Yes	□ No
Supervisor must enter name and initials on every page of this form	1	
Supervisor First and Last Name (Please Print):		
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Repairs electrical/electronic power and control monitoring systems		
Repairs electrical power and control monitoring systems	☐ Yes	☐ No
Repairs electronic power and control monitoring systems	☐ Yes	☐ No
DIAGNOSES AND REPAIRS STEERING, BRAKES AND SUSPENSIONS		
Diagnoses steering and brake systems		
Diagnoses steering systems	☐ Yes	☐ No
Diagnoses brake systems	☐ Yes	☐ No
Repairs steering and brake systems		
Repairs steering systems	☐ Yes	☐ No
Repairs brake systems	☐ Yes	☐ No
Diagnoses track, wheel and suspension systems		
Diagnoses track systems	☐ Yes	☐ No
Diagnoses wheel assemblies	☐ Yes	☐ No
Diagnoses suspension systems	☐ Yes	☐ No
Repairs track, wheel and suspension systems		
Repairs track systems	☐ Yes	☐ No
Repairs wheel assemblies	☐ Yes	☐ No
Repairs suspension systems	☐ Yes	☐ No
DIAGNOSES AND REPAIRS STRUCTURAL COMPONENTS AND OPERATOR STATIC	NS	
Diagnoses structural components		
Diagnoses frame components	☐ Yes	☐ No
Verifies condition of operator protective structures	☐ Yes	☐ No
Diagnoses equipment body	☐ 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 (68)	DECLA	SUPERVISOR DECLARATION RESPONSE	
Repairs structural components			
Repairs frame components	☐ Yes	☐ No	
Replaces operator protective structures	☐ Yes	☐ No	
Repairs equipment body	☐ Yes	☐ No	
Diagnoses climate control systems			
Diagnoses heating and ventilation systems	☐ Yes	☐ No	
Diagnoses air conditioning systems	☐ Yes	☐ No	
Repairs climate control systems			
Repairs heating and ventilation systems	☐ Yes	☐ No	
Repairs air conditioning systems	☐ Yes	☐ No	
I certify that the information I, as the current or former direct supervisor of the applicant, have provided is Collection and protection of personal information on this form is in accordance with the provisions of the Protection of Privacy Act.)	Freedom of Inform	ation and	
Supervisor Signature:	ate 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 In	itials:	