

**AGRICULTURAL EQUIPMENT 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.

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 **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:	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)
Mailing Address:		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 <b>Agricultural Equipment Technician</b> Experience Accumulated in that Period:
Job Title of Applicant:	

**STATUTORY DECLARATION  
OF WORK EXPERIENCE****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 (68)	DECLARATION RESPONSE	
<b>PERFORMS COMMON OCCUPATIONAL SKILLS (5%)</b>		
<b>Task-1 Performs safety-related functions</b>		
Maintains safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-2 Performs routine work practices</b>		
Conducts operational tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains fluids, lubricants and coolants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services filters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains hoses, tubing and fittings	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Enter the applicant name (repeat on every page of this form)

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

JOB TASKS (68)	DECLARATION RESPONSE	
Services bearings, bushings and seals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses fasteners, sealants, adhesives and gaskets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleans components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verifies equipment and component repairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs failure analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-3 Organizes work</b>		
Uses documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plans daily tasks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-4 Uses and maintains tools and equipment</b>		
Uses tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses hoisting, lifting and securing equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses electronic devices and systems for diagnostics and programming	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-5 Uses communication and mentoring techniques</b>		
Uses communication and mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>DIAGNOSES AND REPAIRS ENGINES AND ENGINE SUPPORT SYSTEMS (14%)</b>		
<b>Task-6 Diagnoses engine and engine support systems</b>		
Diagnoses base engines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses lubrication systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses cooling systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses intake and exhaust systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses fuel delivery systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses engine management systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses emissions control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-7 Repairs engine and engine support systems</b>		
Repairs base engines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs lubrication systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs cooling systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Enter the applicant name (repeat on every page of this form)

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

JOB TASKS (68)	DECLARATION RESPONSE	
Repairs intake and exhaust systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs fuel delivery systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs engine management systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs emissions control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>DIAGNOSES AND REPAIRS DRIVE TRAINS (13%)</b>		
<b>Task-8 Diagnoses drive trains</b>		
Diagnoses dry clutches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses driveline systems and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses wet clutches, transmissions and gear cases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses differentials and final drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-9 Repairs drive trains</b>		
Repairs dry clutches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs driveline systems and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs wet clutches, transmissions and gear cases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs differentials and final drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>DIAGNOSES AND REPAIRS HYDRAULIC, HYDROSTATIC AND PNEUMATIC SYSTEMS (17%)</b>		
<b>Task-10 Diagnoses hydraulic, hydrostatic and pneumatic systems</b>		
Diagnoses hydraulic and hydrostatic systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses pneumatic systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-11 Repairs hydraulic, hydrostatic and pneumatic systems</b>		
Repairs hydraulic and hydrostatic systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs pneumatic systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>DIAGNOSES AND REPAIRS ELECTRICAL AND ELECTRONIC SYSTEMS (19%)</b>		
<b>Task-12 Diagnoses electrical/electronic power and control monitoring systems</b>		
Diagnoses electrical power and control monitoring systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses electronic power and control monitoring systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-13 Repairs electrical/electronic power and control monitoring systems</b>		
Repairs electrical power and control monitoring systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Enter the applicant name (repeat on every page of this form)*

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

JOB TASKS (68)	DECLARATION RESPONSE	
Repairs electronic power and control monitoring systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>DIAGNOSES AND REPAIRS STEERING, BRAKES AND SUSPENSIONS (11%)</b>		
<b>Task-14 Diagnoses steering and brake systems</b>		
Diagnoses steering systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses brake systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-15 Repairs steering and brake systems</b>		
Repairs steering systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs brake systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-16 Diagnoses track, wheel and suspension systems</b>		
Diagnoses track systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses wheel assemblies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses suspension systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-17 Repairs track, wheel and suspension systems</b>		
Repairs track systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs wheel assemblies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs suspension systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>DIAGNOSES AND REPAIRS STRUCTURAL COMPONENTS AND OPERATOR STATIONS (6%)</b>		
<b>Task-18 Diagnoses structural components</b>		
Diagnoses frame components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verifies condition of operator protective structures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses equipment body	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-19 Repairs structural components</b>		
Repairs frame components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Replaces operator protective structures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs equipment body	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-20 Diagnoses climate control systems</b>		
Diagnoses heating and ventilation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses air conditioning systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Enter the applicant name (repeat on every page of this form)

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

JOB TASKS (68)	DECLARATION RESPONSE	
<b>Task-21 Repairs climate control systems</b>		
Repairs heating and ventilation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs air conditioning systems	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 name (repeat on every page of this form)*

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

# AGRCULTURAL EQUIPMENT 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

### 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:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

#### 2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

#### 3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

Enter the applicant name (repeat on every page of this form)

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