

#### TRANSPORT T<mark>RAILE</mark>R 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.

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 4,725 hours performing the tasks listed in Section D, and
- experience performing at least 70% of the job tasks listed in Section D

Holders of a Certificate of Qualification in Heavy Duty Equipment Technician or Truck and Transport Mechanic will be eligible to challenge this certification by documenting 3,225 hours of directly related work experience.

Holders of a Certificate of Qualification in Diesel Engine Mechanic will be eligible to challenge this certification by documenting 3,975 hours of directly related work experience.

#### **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:					
Mailing Address:		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/YYY) From: To:	Y):	Total Number Hours of <b>Transport Trailer Technician</b> Experience Accumulated in that 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 t	hat apply)		
☐ English ☐ Other (please spec	ify):		
D. Supervisor Declaration of Job Task Performa	ance of Applicant		
By checking "Yes" or "No" in the Declaration Response column, indipersonally witnessed the applicant performing the job tasks listed.	cate whether you, as the direct superviso	r of the applicant	t, have
JOB TASKS (21)		SUPER DECLAI RESPO	RATION
PERFORMS COMMON OCCUPATIONAL SKILLS (6%	)		
Task-1 Performs safety-related functions		☐ Yes	☐ No
Maintains safe work environment			
Uses personal protective equipment (PPE) and safety equipme	ent		
Task-2 Uses and maintains tools and equipment		☐ Yes	☐ No
Uses hand, electric and pneumatic tools			
Uses measuring, testing and diagnostic equipment			
Uses hoisting, lifting, staging and access equipment			
Uses welding equipment			
Uses gas, plasma and arc air cutting equipment			
Uses electronic devices and systems for diagnostics and progra	amming		
Task-3 Performs routine work practices		☐ Yes	☐ No
Maintains fluids and lubricants			
Lubricates parts and components			
Cleans parts and components			
Uses fasteners, sealants, adhesives and gaskets			
Enter the supervisor and applicant names (repeat on every page of the	his form)		
Supervisor First and Last Name: Ap	oplicant First and Last Name:		

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JOB TASKS (21)		SUPERVISOR DECLARATION RESPONSE	
Maintains hoses, tubing and fittings			
Task-4 Organizes work		☐ Yes	☐ No
Uses documentation			
Plans daily tasks			
Task-5 Uses communication and mentoring techr	niques	☐ Yes	☐ No
Uses communication techniques			
Uses mentoring techniques			
DIAGNOSES AND SERVICES SUSPENSION SYSTEM	MS (14%)		
Task-6 Diagnoses suspension systems		☐ Yes	☐ No
Diagnoses air suspension systems			
Diagnoses spring suspension systems			
Diagnoses rubber suspension systems			
Task-7 Services suspension systems		☐ Yes	☐ No
Maintains suspension systems			
Repairs air suspension systems			
Repairs spring suspension systems			
Repairs rubber suspension systems			
DIAGNOSES AND SERVICES BRAKE SYSTEMS (18%)			
Task-8 Diagnoses brake systems		☐ Yes	☐ No
Diagnoses disc brake systems			
Diagnoses drum brake systems			
Diagnoses air brake systems			
Diagnoses hydraulic brake systems			
Diagnoses electric brake systems			
Diagnoses electronic braking control systems			
Task-9 Services brake systems		☐ Yes	☐ No
Maintains brake systems			
Repairs disc brake systems			
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JOB TASKS (21)		SUPERVISOR DECLARATION RESPONSE	
Repairs drum brake systems			
Repairs air brake systems			
Repairs hydraulic brake systems			
Repairs electric brake systems			
Repairs electronic braking control systems			
DIAGNOSES AND SERVICES AXLES AND WHEEL END ASSEME	BLIES (15%)		
Task-10 Diagnoses axles and wheel end assemblies		☐ Yes	☐ No
Diagnoses fixed, self-steering and lift axles			
Diagnoses hubs and bearings			
Diagnoses tires and rims			
Task-11 Services axles and wheel end assemblies			☐ No
Maintains axles and wheel end assemblies			
Repairs fixed axles, hubs and bearings			
Repairs self-steering and lift axles			
Replaces tires and rims			
Repairs tires			
DIAGNOSES AND SERVICES TRAILER CHASSIS, BODIES AND COUPLING DEVICES (17%)			
Task-12 Diagnoses trailer chassis and trailer bodies		☐ Yes	☐ No
Diagnoses trailer chassis			
Diagnoses trailer bodies			
Task-13 Services trailer chassis and trailer bodies			☐ No
Maintains trailer chassis			
Repairs trailer chassis			
Maintains trailer bodies			
Repairs trailer bodies			
Task-14 Diagnoses coupling devices and landing gear		☐ Yes	☐ No
Diagnoses coupling devices			
Diagnoses landing gear			
Enter the supervisor and applicant names (repeat on every page of this form)			
Supervisor First and Last Name: Applicant First a	nd Last Name:		



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JOB TASKS (21)		SUPERVISOR DECLARATION RESPONSE	
Task-15 Services coupling devices and landing gea	ar	☐ Yes	☐ No
Maintains coupling devices			
Repairs coupling devices			
Maintains landing gear			
Repairs landing gear			
DIAGNOSES AND SERVICES ELECTRIC AND ELECT			
Task-16 Diagnoses electric and electronic systems		☐ Yes	☐ No
Diagnoses lighting systems			
Diagnoses wiring systems			
Diagnoses trailer monitoring and control systems			
Task-17 Services electric and electronic systems			☐ No
Maintains electric and electronic systems			
Repairs lighting and wiring systems			
Repairs trailer monitoring and control systems			
DIAGNOSES AND SERVICES HYDRAULIC SYSTEMS	S (6%)		
Task-18 Diagnoses hydraulic systems		☐ Yes	☐ No
Diagnoses self-contained hydraulic systems			
Diagnoses auxiliary-powered hydraulic systems			
Task-19 Services hydraulic systems		☐ Yes	☐ No
Maintains hydraulic systems			
Repairs hydraulic systems			
DIAGNOSES AND SERVICES TEMPERATURE CONTROL SYSTEMS (10%)			
Task-20 Diagnoses temperature control systems		☐ Yes	☐ No
Diagnoses fuel systems			
Diagnoses charging and starting systems			
Diagnoses high-voltage electric, hybrid and alternative drive systems			
Diagnoses refrigeration and heating systems			
Enter the supervisor and applicant names (repeat on every page of	fthis form)		
Supervisor First and Last Name:  Applicant First and Last Name:			



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<b>ЈОВ ТА</b>	SKS (21)		SUPERVISOR DECLARATION RESPONSE	
Task-21 Services temperature control sy	ystems		☐ Yes ☐ No	
Maintains fuel systems				
Repairs fuel systems				
Maintains charging and starting systems				
Repairs charging and starting systems				
Maintains high-voltage electric, hybrid and alte	ernative drive	esystems		
Repairs high-voltage electric, hybrid and altern	ative drive sy	ystems		
Maintains refrigeration and heating systems				
Repairs refrigeration and heating systems (NCC	C)			
			<u> </u>	
E. Supervisor Signature				
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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 name (Please Print):	Supervisor	Signature:	Date Signed: (MM/DD/YYYY)	
		,		
Enter the supervisor and applicant names (repeat on	every page o	f this form)		
Supervisor First and Last Name:		Applicant First and Last Name:		