TRANSPORT TRAILER 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.

"Transport Trailer Technician" means a person who maintains, rebuilds, overhauls, reconditions, and does diagnostic trouble shooting and repair of commercial trailers.

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.

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:		
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 **Transport Trailer 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 (79)	SUPERVISOR DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Performs safety-related functions		
Maintains safe work environment	☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Uses and maintains tools and equipment		
Uses hand, electric and pneumatic tools	☐ Yes	☐ No
Uses measuring, testing and diagnostic equipment	☐ Yes	☐ No
Uses hoisting, lifting, staging and access equipment	☐ Yes	☐ No
Uses welding equipment	☐ Yes	☐ No
Uses gas, plasma and arc air cutting equipment	☐ Yes	☐ No
Uses electronic devices and systems for diagnostics and programming	☐ Yes	☐ No
Performs routine work practices		
Maintains fluids and lubricants	☐ Yes	☐ No
Lubricates parts and components	☐ Yes	☐ No
Cleans parts and components	☐ 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 Initials:

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JOB TASKS (79)	SUPERVISOR DECLARATION RESPONSE	
Uses fasteners, sealants, adhesives and gaskets	☐ Yes	☐ No
Maintains hoses, tubing and fittings	☐ Yes	☐ No
Organizes work		
Uses documentation	☐ Yes	☐ No
Plans daily tasks	☐ Yes	☐ No
Uses communication and mentoring techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
DIAGNOSES AND SERVICES SUSPENSION SYSTEMS		
Diagnoses suspension systems		
Diagnoses air suspension systems	☐ Yes	☐ No
Diagnoses spring suspension systems	☐ Yes	☐ No
Diagnoses rubber suspension systems	☐ Yes	☐ No
Services suspension systems		
Maintains suspension systems	☐ Yes	☐ No
Repairs air suspension systems	☐ Yes	☐ No
Repairs spring suspension systems	☐ Yes	☐ No
Repairs rubber suspension systems	☐ Yes	☐ No
DIAGNOSES AND SERVICES BRAKE SYSTEMS		
Diagnoses brake systems		
Diagnoses disc brake systems	☐ Yes	☐ No
Diagnoses drum brake systems	☐ Yes	☐ No
Diagnoses air brake systems	☐ Yes	☐ No
Diagnoses hydraulic brake systems	☐ Yes	☐ No
Diagnoses electric brake systems	☐ Yes	☐ No
Diagnoses electronic braking control systems	☐ Yes	☐ No

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JOB TASKS (79)	SUPERVISOR DECLARATION RESPONSE	
Services brake systems		
Maintains brake systems	☐ Yes	☐ No
Repairs disc brake systems	☐ Yes	☐ No
Repairs drum brake systems	☐ Yes	☐ No
Repairs air brake systems	☐ Yes	☐ No
Repairs hydraulic brake systems	☐ Yes	☐ No
Repairs electric brake systems	☐ Yes	☐ No
Repairs electronic braking control systems	☐ Yes	☐ No
DIAGNOSES AND SERVICES AXLES AND WHEEL END ASSEMBLIES		
Diagnoses axles and wheel end assemblies		
Diagnoses fixed, self-steering and lift axles	☐ Yes	☐ No
Diagnoses hubs and bearings	☐ Yes	☐ No
Diagnoses tires and rims	☐ Yes	☐ No
Services axles and wheel end assemblies		
Maintains axles and wheel end assemblies	☐ Yes	☐ No
Repairs fixed axles, hubs and bearings	☐ Yes	☐ No
Repairs self-steering and lift axles	☐ Yes	☐ No
Replaces tires and rims	☐ Yes	☐ No
Repairs tires	☐ Yes	☐ No
DIAGNOSES AND SERVICES TRAILER CHASSIS, BODIES AND COUPLING DEVICES		
Diagnoses trailer chassis and trailer bodies		
Diagnoses trailer chassis	☐ Yes	☐ No
Diagnoses trailer bodies	☐ Yes	☐ No
Services trailer chassis and trailer bodies		
Maintains trailer chassis	☐ Yes	☐ No

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JOB TASKS (79)	SUPERVISOR DECLARATION RESPONSE	
Repairs trailer chassis	☐ Yes	☐ No
Maintains trailer bodies	☐ Yes	☐ No
Repairs trailer bodies	☐ Yes	☐ No
Diagnoses coupling devices and landing gear		
Diagnoses coupling devices	☐ Yes	☐ No
Diagnoses landing gear	☐ Yes	☐ No
Services coupling devices and landing gear		
Maintains coupling devices	☐ Yes	☐ No
Repairs coupling devices	☐ Yes	☐ No
Maintains landing gear	☐ Yes	☐ No
Repairs landing gear	☐ Yes	☐ No
DIAGNOSES AND SERVICES ELECTRIC AND ELECTRONIC SYSTEMS		
Diagnoses electric and electronic systems		
Diagnoses lighting systems	☐ Yes	☐ No
Diagnoses wiring systems	☐ Yes	☐ No
Diagnoses trailer monitoring and control systems	☐ Yes	☐ No
Services electric and electronic systems		
Maintains electric and electronic systems	☐ Yes	☐ No
Repairs lighting and wiring systems	☐ Yes	☐ No
Repairs trailer monitoring and control systems	☐ Yes	☐ No
DIAGNOSES AND SERVICES HYDRAULIC SYSTEMS		
Diagnoses hydraulic systems		
Diagnoses self-contained hydraulic systems	☐ Yes	☐ No
Diagnoses auxiliary-powered hydraulic systems	☐ Yes	☐ No
Services hydraulic systems		
Maintains hydraulic systems	☐ Yes	☐ No

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Supervisor First and Last Name (Please Print):	
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JOB TASKS (79)	SUPERVISOR DECLARATION RESPONSE	
Repairs hydraulic systems	☐ Yes	☐ No
DIAGNOSES AND SERVICES TEMPERATURE CONTROL SYSTEMS		
Diagnoses temperature control systems		
Diagnoses fuel systems	☐ Yes	☐ No
Diagnoses charging and starting systems	☐ Yes	☐ No
Diagnoses high-voltage electric, hybrid and alternative drive systems	☐ Yes	☐ No
Diagnoses refrigeration and heating systems	☐ Yes	☐ No
Services temperature control systems		
Maintains fuel systems	☐ Yes	☐ No
Repairs fuel systems	☐ Yes	☐ No
Maintains charging and starting systems	☐ Yes	☐ No
Repairs charging and starting systems	☐ Yes	☐ No
Maintains high-voltage electric, hybrid and alternative drive systems	☐ Yes	☐ No
Repairs high-voltage electric, hybrid and alternative drive systems	☐ Yes	☐ No
Maintains refrigeration and heating systems	☐ Yes	☐ No
Repairs refrigeration and heating systems (NCC)	☐ 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)

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 Initials: