

# TRANSPORT TRAILER TECHNICIAN

## STATUTORY DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service  
800 – 8100 Granville Ave  
Richmond, BC V6Y 3T6  
Tel: 778-328-8700  
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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.

“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

|                   |                       |                  |
|-------------------|-----------------------|------------------|
| 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) |
| Business Address (Street Name/Number, Building/Unit Number): |                | City:                                                |
| Province/ State:                                             | Country:       | Postal Code/ Zip Code:                               |
| Business Phone Number:<br>( )                                | 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):<br>From: To: | Total Number Hours of <b>Transport Trailer Technician</b> Experience Accumulated in Period: |
| Job Title of Applicant:                        |                                                                                             |

### 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.**

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### 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 (79)                                                | DECLARATION RESPONSE         |                             |
|---------------------------------------------------------------|------------------------------|-----------------------------|
| <b>PERFORMS COMMON OCCUPATIONAL SKILLS</b>                    |                              |                             |
| <b>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>Uses and maintains tools and equipment</b>                 |                              |                             |
| Uses hand, electric and pneumatic tools                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses measuring, testing and diagnostic equipment              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses hoisting, lifting, staging and access equipment          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses welding equipment                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Enter the applicant's initials on every page of this form*

|                                                                                                          |                       |
|----------------------------------------------------------------------------------------------------------|-----------------------|
| I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate. | Applicant's Initials: |
|----------------------------------------------------------------------------------------------------------|-----------------------|

| JOB TASKS (79)                                                      | DECLARATION RESPONSE         |                             |
|---------------------------------------------------------------------|------------------------------|-----------------------------|
| Uses gas, plasma and arc air cutting 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>Performs routine work practices</b>                              |                              |                             |
| Maintains fluids and lubricants                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lubricates parts and components                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cleans parts and components                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses fasteners, sealants, adhesives and gaskets                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintains hoses, tubing and fittings                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>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>Uses communication and mentoring techniques</b>                  |                              |                             |
| Uses communication techniques                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses mentoring techniques                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>DIAGNOSES AND SERVICES SUSPENSION SYSTEMS</b>                    |                              |                             |
| <b>Diagnoses suspension systems</b>                                 |                              |                             |
| Diagnoses air suspension systems                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diagnoses spring suspension systems                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diagnoses rubber suspension systems                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Services suspension systems</b>                                  |                              |                             |
| Maintains suspension systems                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs air suspension systems                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs spring suspension systems                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs rubber suspension systems                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>DIAGNOSES AND SERVICES BRAKE SYSTEMS</b>                         |                              |                             |
| <b>Diagnoses brake systems</b>                                      |                              |                             |
| Diagnoses disc brake systems                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diagnoses drum brake systems                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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| JOB TASKS (79)                                                | DECLARATION RESPONSE         |                             |
|---------------------------------------------------------------|------------------------------|-----------------------------|
| <b>Services trailer chassis and trailer bodies</b>            |                              |                             |
| Maintains trailer chassis                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs trailer chassis                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintains trailer bodies                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs trailer bodies                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Diagnoses coupling devices and landing gear</b>            |                              |                             |
| Diagnoses coupling devices                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diagnoses landing gear                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Services coupling devices and landing gear</b>             |                              |                             |
| Maintains coupling devices                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs coupling devices                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintains landing gear                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs landing gear                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>DIAGNOSES AND SERVICES ELECTRIC AND ELECTRONIC SYSTEMS</b> |                              |                             |
| <b>Diagnoses electric and electronic systems</b>              |                              |                             |
| Diagnoses lighting systems                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diagnoses wiring systems                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diagnoses trailer monitoring and control systems              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Services electric and electronic systems</b>               |                              |                             |
| Maintains electric and electronic systems                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs lighting and wiring systems                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs trailer monitoring and control systems                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>DIAGNOSES AND SERVICES HYDRAULIC SYSTEMS</b>               |                              |                             |
| <b>Diagnoses hydraulic systems</b>                            |                              |                             |
| Diagnoses self-contained hydraulic systems                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diagnoses auxiliary-powered hydraulic systems                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Services hydraulic systems</b>                             |                              |                             |
| Maintains hydraulic systems                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| JOB TASKS (79)                                                        | DECLARATION RESPONSE         |                             |
|-----------------------------------------------------------------------|------------------------------|-----------------------------|
| Repairs hydraulic systems                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>DIAGNOSES AND SERVICES TEMPERATURE CONTROL SYSTEMS</b>             |                              |                             |
| <b>Diagnoses temperature control systems</b>                          |                              |                             |
| Diagnoses fuel systems                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diagnoses charging and starting systems                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diagnoses high-voltage electric, hybrid and alternative drive systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diagnoses refrigeration and heating systems                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Services temperature control systems</b>                           |                              |                             |
| Maintains fuel systems                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs fuel systems                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintains charging and starting systems                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs charging and starting systems                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintains high-voltage electric, hybrid and alternative drive systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs high-voltage electric, hybrid and alternative drive systems   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintains refrigeration and heating systems                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repairs refrigeration and heating systems (NCC)                       | <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's initials on every page of this form*

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### 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's initials on every page of this form*

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| I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate. | Applicant's Initials: |
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