

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.

“Diesel Engine Mechanic” means a person who installs, repairs, and maintains all internal combustion diesel engines and components used in transport, construction and marine.

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 **4,500 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 **3,000 hours** of directly related work experience.

Holders of a **Certificate of Qualification in Transport Trailer Technician** will be eligible to challenge this certification by documenting **3,750** 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: ( )	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>Diesel Engine Mechanic</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.**

---

---

---

---

---

---

---

---

---

### 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 (32)	DECLARATION RESPONSE	
<b>Perform Occupational Skills</b>		
Uses safe work practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses hand tools, power tools, and shop equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses fasteners and fittings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifts and supports loads	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operates equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses documentation and reference materials	<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:
--	-----------------------

# DIESEL ENGINE MECHANIC

## 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

JOB TASKS (32)	DECLARATION RESPONSE	
Services bearings and seals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects and maintains lubricants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses cutting and welding equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates an understanding of diagnostic procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Service, Diagnose, And Repair Electrical And Electronic Systems</b>		
Demonstrates an understanding of electricity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses electrical testing instruments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services, diagnoses, and repairs battery systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services starting and charging systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services electrical circuits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and repairs charging systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and repairs starting systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and repairs electrical and electronic components and systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and repairs vehicle and equipment management systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services, diagnoses, and repairs electronic ignition systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Service, Diagnose, And Repair Engines And Supporting Systems</b>		
Demonstrates an understanding of engine fundamentals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services engine support systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses and repairs engine support systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services diesel fuel supply systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses and repairs diesel fuel supply systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates an understanding of alternative fuel systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services, diagnoses, and repairs engines and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses and repairs mechanical fuel injection systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services, diagnoses, and repairs electronic diesel fuel systems	<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:
--	-----------------------

# DIESEL ENGINE MECHANIC

## 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

JOB TASKS (32)	DECLARATION RESPONSE	
Services, diagnoses, and repairs diesel emissions systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services, diagnoses, and repairs engine retarder systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Use Communication And Mentoring Techniques</b>		
Uses communication techniques	<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*

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

### 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*

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