

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.

“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

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### 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 <b>Diesel Engine Mechanic</b> Experience Accumulated in Period:
Job Title of Applicant:		

# DIESEL ENGINE MECHANIC

## 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

### 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)	
<input type="checkbox"/> English <input type="checkbox"/> 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 (32)	SUPERVISOR 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
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

*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 (32)	SUPERVISOR DECLARATION RESPONSE	
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
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. 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)
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*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: