PARTS TECHNICIAN

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

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.

A "Parts Technician" is involved in ordering, warehousing, maintaining inventory control and sales of parts. They are responsible for identifying parts and equipment, searching for parts, shipping and receiving parts, providing customer service and advice, and maintaining records. A Parts Technician works in various industries such as automotive service, commercial transport, heavy duty equipment, small engine repair, aeronautics, agricultural equipment, marine equipment, the mining sector, and the forestry sector.

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 **7,695 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D**.**

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 **Parts Technician** Experience Accumulated in Period:
Job Title of Applicant:	

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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 (52)	DECLARATION RESPONSE	
Performs safety-related functions		
Maintains safe work environment	☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Uses tools and equipment		
Uses catalogs and price lists	☐ Yes	☐ No
Uses hand tools	☐ Yes	☐ No
Operates power tools	☐ Yes	☐ 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:

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JOB TASKS (52)	DECLARATION RESPONSE	
Operates warehouse tools and equipment	☐ Yes	☐ No
Uses measuring and testing tools and equipment	☐ Yes	☐ No
Operates business machines	☐ Yes	☐ No
Uses computers and digital devices	☐ Yes	☐ No
Organizes work		
Uses work-related documents	☐ Yes	☐ No
Prioritizes tasks	☐ Yes	☐ No
Communicates with others		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
Provides services to retail customers		
Identifies retail customers' needs	☐ Yes	☐ No
Provides technical information to retail customers	☐ Yes	☐ No
Provides services to wholesale customers		
Identifies wholesale customers' needs	☐ Yes	☐ No
Provides training opportunities and technical information to wholesale customers	☐ Yes	☐ No
Provides services to internal customers		
Identifies internal customers' needs	☐ Yes	☐ No
Maintains inventory and records for internal customers	☐ Yes	☐ No
Provides general customer service and support		
Prepares customer quotes	☐ Yes	☐ No
Provides no-fee value-added services and information	☐ Yes	☐ No
Records customer information	☐ Yes	☐ No
Implements product improvement programs (PIP)	☐ Yes	☐ No
Identifies parts		
Identifies parts function	☐ Yes	☐ No
Identifies parts application	☐ Yes	☐ No
Identifies parts number	☐ Yes	☐ No

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JOB TASKS (52)	DECLARATION RESPONSE	
Sources parts		
Searches inventory for parts	☐ Yes	☐ No
Identifies suppliers	☐ Yes	☐ No
Purchases parts	☐ Yes	☐ No
Arranges shipment of special orders	☐ Yes	☐ No
Handles parts and materials		
Maintains storage design layout	☐ Yes	☐ No
Handles sensitive products	☐ Yes	☐ No
Rotates inventory	☐ Yes	☐ No
Places inventory in designated location	☐ Yes	☐ No
Performs inventory control		
Manages core and warranty inventory	☐ Yes	☐ No
Handles parts inventory recalls	☐ Yes	☐ No
Maintains inventory levels	☐ Yes	☐ No
Participates in periodic physical inventory count	☐ Yes	☐ No
Performs shipping and receiving duties		
Verifies estimated time of arrival (ETA)	☐ Yes	☐ No
Receives incoming shipment	☐ Yes	☐ No
Resolves order discrepancies	☐ Yes	☐ No
Prepares for shipment	☐ Yes	☐ No
Promotes products and services		
Displays products and literature	☐ Yes	☐ No
Uses digital marketing	☐ Yes	☐ No
Recommends parts and products to customer	☐ Yes	☐ No
Recommends services to customer	☐ Yes	☐ No
Implements pricing formula		
Calculates additional costs	☐ Yes	☐ No
Overrides price	☐ Yes	☐ No

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JOB TASKS (52)	DECLARATION RESPONSE	
Processes financial transactions		
Generates invoices	☐ Yes	☐ No
Accepts payments	☐ Yes	☐ No
Processes customer returns	☐ Yes	☐ No
Processes day-end reports	☐ Yes	☐ 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)

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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:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant:	☐ Former Employee	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

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