PARTS 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.

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

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 **Parts 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 (52)	SUPERVISOR 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
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

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 (52)	SUPERVISOR DECLARATION RESPONSE	
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
Sources parts		
Searches inventory for parts	☐ Yes	☐ No

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JOB TASKS (52)	SUPERVISOR DECLARATION RESPONSE	
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

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Supervisor First and Last Name (Please Print):	
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JOB TASKS (52)	SUPERVISOR DECLARATION RESPONSE	
Implements pricing formula		
Calculates additional costs	☐ Yes	☐ No
Overrides price	☐ Yes	☐ No
Processes financial transactions		
Generates invoices	☐ Yes	☐ No
Accepts payments	☐ Yes	☐ No
Processes customer returns	☐ Yes	☐ No
Processes day-end reports	☐ 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: