

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

Legal Last Name:

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.

"Auto Body and Collision Technicians" repair and restore damaged motor vehicles. They assess body damage and develop repair estimates and repair plans. Their repair work may include repairing scratches, minor damage, dents and extensive structural damage. Some components may need to be removed for access during repairs. Vehicle components that are damaged beyond repair are replaced. The alignment and replacement of suspension and steering components is also performed in this trade. Technicians may restore interior components of vehicles. They may work with mechanical and electronic components such as air conditioning (A/C) systems, exhaust systems, drivetrain, engine cooling systems, advanced electronic components (adaptive cruise control and lane departure features), and passenger restraint systems (seat belts and air bags).

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:

Legal Middle Name(s):

- worked a minimum of **9,675 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:

From:

Job Title of Applicant:

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

To:

B. Employment Information	n of Applicant	
Enter the business information for the ap	oplicant's period of employment declare	d for this trade.
Name of Organization/Employer/Busin	ness:	
Business Address (Street Name/Number	er, Building/Unit Number):	City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number:	Website:	
Enter the dates and number of hours fo	r this period of employment.	
Dates of Applicant's Employment (MM	/DD/YYYY): Total N	umber Hours of Auto Body and Collision Technician

Experience Accumulated in Period:



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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 communicat	e: (check all that apply)		
☐ English ☐ Other (plea	ase specify):		
D. Supervisor Declaration of Job Task Performance By checking "Yes" or "No" in the Declaration Response column personally witnessed the applicant performing the job tasks lis	n, indicate whether you, as the direct superviso	or of the applican	nt, have
JOB TASKS (73	·)	DECLA	RVISOR RATION PONSE
Performs Safety-Related Functions			
Maintains safe work environment		☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equ	uipment	☐ Yes	☐ No
Uses And Maintains Tools And Equipment			
Maintains hand and power tools		☐ Yes	☐ No
Maintains frame and unibody repair and measuring equ	ipment	☐ Yes	☐ No
Uses lifting equipment		☐ Yes	☐ No
Uses diagnostic equipment		☐ Yes	☐ No
Maintains refinishing tools and equipment		☐ Yes	☐ No
Uses And Maintains Welding Equipment			
Uses welding equipment		☐ Yes	☐ No
Maintains welding equipment		☐ Yes	☐ No
Organizes Work And Uses Documentation			
Prepares estimates and supplements		☐ Yes	☐ No
Enter the supervisor's name and initials (repeat on every page	of this form)		
Supervisor First and Last Name (Please Print):			
I hereby certify, that to the best of my knowledge, the inform		Supervisor's In	itials:



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JOB TASKS (73)	DECLARATI RESPONS	
Prepares repair plan	☐ Yes	☐ No
Organizes parts, materials and work area	☐ Yes	☐ No
Uses documentation	☐ Yes	☐ No
Uses Communication And Mentoring Techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
Removes And Installs Trim And Hardware		
Removes trim and hardware	Yes	☐ No
Installs trim and hardware	Yes	☐ No
Performs Final Inspections		
Performs final operational check	Yes	☐ No
Performs final quality control inspection	Yes	☐ No
Applies Corrosion Protection And Sound Deadening Materials		
Applies corrosion inhibitors and undercoats	Yes	☐ No
Applies seam sealers and sound deadeners	☐ Yes	☐ No
Prepares For Repair And Replacement Of Structural Components		
Identifies extent of damage	☐ Yes	☐ No
Removes components for access	☐ Yes	☐ No
Performs vehicle setup	Yes	☐ No
Repairs, Removes and Installs Structural Components		
Repairs structural components	Yes	☐ No
Removes structural components	☐ Yes	☐ No
Installs structural components	☐ Yes	☐ No
Removes, Installs And Repairs Structural And Laminated Glass		
Removes structural glass	☐ Yes	☐ No
Enter the supervisor's name and initials (repeat 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 In	itials:



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JOB TASKS (73)	DECLA	RVISOR RATION ONSE
Installs structural glass	☐ Yes	☐ No
Repairs laminated glass	☐ Yes	☐ No
Removes, Repairs And Installs Metal Panels And Components		
Prepares metal panels and components for repair	☐ Yes	☐ No
Removes metal panels and components	☐ Yes	☐ No
Repairs metal panels and components	☐ Yes	☐ No
Installs metal panels and components	☐ Yes	☐ No
Removes, Repairs And Installs Plastic And Composite Panels And Components		
Prepares plastic and composite panels and components for repair	☐ Yes	☐ No
Removes plastic and composite panels and components	☐ Yes	☐ No
Repairs plastic and composite panels and components	☐ Yes	☐ No
Installs plastic and composite panels and components	☐ Yes	☐ No
Removes and Installs Non-Structural Glass		
Removes non-structural glass	☐ Yes	☐ No
Installs non-structural glass	☐ Yes	☐ No
Deactivates and Reactivates Alternative-Fuel Systems		
Deactivates alternative-fuel systems	☐ Yes	☐ No
Reactivates alternative-fuel systems	☐ Yes	☐ No
Removes and Installs Mechanical Components		
Removes mechanical components	☐ Yes	☐ No
Installs mechanical components	☐ Yes	☐ No
Removes, Repairs and Installs Electrical and Electronic Components		
Removes electrical components	☐ Yes	☐ No
Repairs damaged wires and protective coverings	☐ Yes	☐ No
Installs electrical components	☐ Yes	☐ No
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JOB TASKS (73)	DECLA	SUPERVISOR DECLARATION RESPONSE	
Services advanced electronic components	☐ Yes	☐ No	
Repairs and Replaces Interior Components			
Repairs interior components	☐ Yes	☐ No	
Replaces interior components	☐ Yes	☐ No	
Services Supplemental Restraint Systems (SRS)			
Services seat belt restraint systems	Yes	☐ No	
Services air bags and related components	Yes	☐ No	
Prepares Surface			
Performs initial preparation	Yes	□ No	
Masks surface	 ☐ Yes	□ No	
Strips surface	☐ Yes	□ No	
Sands surface	☐ Yes	□ No	
Uses Repair Materials			
Mixes repair materials	Yes	☐ No	
Applies repair materials	☐ Yes	□ No	
Prepares Refinishing Equipment	 		
Prepares spray booth	Yes	☐ No	
Performs spray gun setup	Yes	□ No	
Prepares Refinishing Materials			
Mixes refinishing materials	Yes	□ No	
Performs colour adjustments	Yes	□ No	
Applies Refinishing Materials			
Applies sealers	Yes	□ No	
Applies base coat	Yes	□ No	
Applies single-stage paint	Yes	No	
Enter the supervisor's name and initials (repeat on every page of this form) Supervisor First and Last Name (Please Print):			
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JOB TASKS (73)	DECLA	SUPERVISOR DECLARATION RESPONSE	
Applies clear coat	☐ Yes	☐ No	
Performs Post-Refinishing Functions			
Removes masking materials	☐ Yes	☐ No	
Corrects surface imperfections	☐ Yes	☐ No	
Details Exterior			
Removes minor imperfections	☐ Yes	☐ No	
Polishes vehicle	☐ Yes	☐ No	
Touches up stone chips		□ No	
Cleans Vehicle			
Cleans exterior	☐ Yes	□ No	
Cleans interior		□ No	
I certify that the information I, as the current or former direct supervisor of the applicant, have Collection and protection of personal information on this form is in accordance with the provis	provided is true and accurate	. (Note:	
I certify that the information I, as the current or former direct supervisor of the applicant, have Collection and protection of personal information on this form is in accordance with the provis Protection of Privacy Act.)	provided is true and accurate sions of the Freedom of Inforn	. (Note: nation and	
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