AUTO BODY AND COLLISION 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.

"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:

- 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:	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)
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 **Auto Body and Collision 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 (73)	DECLARATION RESPONSE	
Performs Safety-Related Functions		
Maintains safe work environment	☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Uses And Maintains Tools and Equipment		
Maintains hand and power tools	☐ Yes	☐ No
Maintains frame and unibody repair and measuring equipment	☐ 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

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 (73)	DECLARATION RESPONSE	
Maintains welding equipment	☐ Yes	☐ No
Organizes Work and Uses Documentation		
Prepares estimates and supplements	☐ Yes	☐ No
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

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JOB TASKS (73)	DECLARATION RESPONSE	
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
Services advanced electronic components	☐ Yes	☐ No
Repairs and Replaces Interior Components		
Repairs interior components	☐ Yes	☐ No

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JOB TASKS (73)	DECLARATION RESPONSE	
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
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

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JOB TASKS (73)	DECLARATION RESPONSE	
Polishes vehicle	☐ Yes	☐ No
Touches up stone chips	☐ Yes	☐ No
Cleans Vehicle		
Cleans exterior	☐ Yes	☐ No
Cleans interior	☐ 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 ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ 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 ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ 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 ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ 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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