

# 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:

customer service @skilled trades bc.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.

"Automotive Service Technicians" possess the full range of knowledge and abilities required to perform preventative maintenance, diagnose problems and repair vehicle systems including engines, vehicle management, hybrids, steering, braking, tires, wheels, drivetrains, suspension, electrical, electronics, heating, ventilation and air conditioning (HVAC), restraints, trim and accessories of automotive vehicles and light trucks with a gross vehicle weight less than 5,500 kg.

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 **9,540 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 Canadian **military certificate Vehicle Technician MT #129 / #411, QL5 or higher** will be eligible to challenge this certification by submitting an <u>Exam Application Form</u> along with a copy of the certificate.

Legal Middle Name(s):

### 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 Informatio	n of Applicant	
1 3		
Enter the business information for the ap	plicant's period of employment decia	red for this trade.
Name of Organization/Employer/Busin	ess:	
Business Address (Street Name/Number	r, 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	*	Number Hours of <b>Automotive Service Technician</b> ience Accumulated in Period:



### **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

#### **Supervisor Contact Information** C.

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 the	his person cannot be contacted by SkilledTra	desBC.		
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	e specify):			
D. Supervisor Declaration of Job Task Performs By checking "Yes" or "No" in the Declaration Response column, personally witnessed the applicant performing the job tasks lister	indicate whether you, as the direct superviso	or of the applicant	, have	
B TASKS (47)		SUPERVISOR DECLARATION RESPONSE		
Perform Safety-Related Functions				
Is the applicant able to maintain safe work environment?		☐ Yes	☐ No	
Is the applicant able to use personal protective equipmen	nt (PPE) and safety equipment?	☐ Yes	☐ No	
Use Tools, Equipment and Documentation				
Is the applicant able to use tools and equipment?		Yes	☐ No	
Is the applicant able to use fasteners, tubing, hoses and fi	ttings?	Yes	☐ No	
Is the applicant able to use hoisting and lifting equipmen	t?	Yes	☐ No	
Is the applicant able to use technical information?		Yes	□ No	
Use Communication and Mentoring Techniques		<del>                                     </del>		
Is the applicant able to use communication techniques?		Yes	□ No	
Is the applicant able to use mentoring techniques?		☐ Yes	— □ No	
Diagnose And Repair Engine Systems				
Is the applicant able to diagnose and repair cooling systems?		Yes	☐ No	
Is the applicant able to diagnose and repair lubricating sy	estems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair engine assem	ably?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair accessory driv	ve systems?	☐ Yes	☐ No	
Supervisor must enter name and initials on every page of this for	m			
Supervisor First and Last Name (Please Print):				
I hereby certify, that to the best of my knowledge, the information supervisor of the applicant (as named on page 1 of this docum		Supervisor's Init	tials:	



# 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

JOB TASKS (47)		SUPERVISOR DECLARATION RESPONSE	
Diagnose And Repair Gasoline Engine Support Systems			
Is the applicant able to diagnose and repair advanced wiring and electronics?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair gasoline fuel delivery and injection systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair gasoline ignition systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair engine management systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair gasoline intake and exhaust systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair gasoline emissions control systems?	☐ Yes	☐ No	
Diagnose And Repair Diesel Engine Support Systems			
Is the applicant able to diagnose and repair diesel fuel delivery and injection systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair diesel intake and exhaust systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair diesel emissions control systems?	☐ Yes	☐ No	
Diagnose And Repair Vehicle Networking Systems			
Is the applicant able to identify types of networking system?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair networking systems?	☐ Yes	☐ No	
Diagnose And Repair Driveline Systems			
Is the applicant able to diagnose and repair drive shafts and axles?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair manual transmissions and transaxles?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair automatic transmissions and transaxles?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair clutches?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair mechanical transfer cases?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair all-wheel drive (AWD) systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair final drive assemblies?	☐ Yes	☐ No	
Diagnose And Repair Electrical Systems and Components			
Is the applicant able to diagnose and repair basic wiring and electrical systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair starting and charging systems and batteries?	☐ Yes	□ No	
Is the applicant able to diagnose and repair lighting and wiper systems?	☐ Yes	□ No	
Is the applicant able to diagnose and repair electrical options and accessories?	☐ Yes	□ No	
Supervisor must enter name and initials on every page of this form		<u> </u>	
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 Ini	tials:	



# 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

customer service @skilled trades bc.ca

JOB TASKS (47)		SUPERVISOR DECLARATION RESPONSE	
Is the applicant able to diagnose and repair instrumentation, entertainment systems and displays?	☐ Yes	☐ No	
Diagnose And Repair Heating, Ventilation and Air Conditioning (HVAC) And Comfort Control Systems			
Is the applicant able to diagnose and repair air flow control and heating systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair refrigerant systems?	☐ Yes	☐ No	
Diagnose And Repair Steering and Suspension, Braking, Control Systems, Tires, Wheels, Hubs and Wheel Bearings			
Is the applicant able to diagnose and repair steering and control systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair suspension and control systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair braking and control systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair tires, wheels, hubs and wheel bearings?	☐ Yes	☐ No	
Diagnose And Repair Restraint Systems, Body Components, Accessories and Trim			
Is the applicant able to diagnose and repair restraint systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair wind noises, rattles and water leaks?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair interior and exterior components, accessories and trim	? Yes	☐ No	
Is the applicant able to diagnose and repair latches, locks and movable glass?	☐ Yes	☐ No	
Diagnose And Repair Hybrid and Electric Vehicles (EV)			
Is the applicant able to implement specific safety protocols for hybrid and electric vehicles (EV)?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair hybrid and electric vehicle (EV) systems?	☐ Yes	☐ No	
E. Supervisor Signature  certify that the information I, as the current or former direct supervisor of the applicant, have provided is Collection and protection of personal information on this form is in accordance with the provisions of the Protection of Privacy Act.)			
Supervisor Signature:	Date Signed: (MM	I/DD/YYYY)	
Supervisor must enter name and initials on every page of this form			
Supervisor First and Last Name (Please Print):			
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 Ini	tials:	