

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.

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 military certificate Vehicle Technician MT #129 / #411, QL5 or higher will be eligible to challenge this certification.

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	of Applicant	
Enter the business information for the applic	cant's period of employment d	eclared for this trade.
Name of Organization/Employer/Business:		
		_
Mailing Address:		City:
	To .	
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number:	Website:	
Enter the dates and number of hours for th	is period of employment.	
Dates of Applicant's Employment (MM/DD/YYY		otal Number Hours of Automotive Service Technician Experience communities that Period:
From: To:	A	cumulated in that Feriod.
Job Title of Applicant:		
Enter the supervisor and applicant names (re	epeat on every page of this for	m)
Supervisor First and Last Name:	Applica	nt First and Last Name:



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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 spec	cify):		
D. Supervisor Declaration of Job Task Perform	ance of Applicant		
By checking "Yes" or "No" in the Declaration Response column, indepersonally witnessed the applicant performing the job tasks listed.	icate whether you, as the direct supervisor of the	applicant, hav	ve
Job Tasks (47)		Declara Respo	
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 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 system	ms?	☐ Yes:	□No
Is the applicant able to diagnose and repair lubricating sy	vstems?	☐ 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
DIAGNOSE AND REPAIR GASOLINE ENGINE SUPPORT SYSTE Is the applicant able to diagnose and repair advanced wir		☐ Yes:	□ No
Enter the supervisor and applicant names (repeat on every page of t	this form)		
Supervisor First and Last Name:	pplicant First and Last Name:		



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Job Tasks (47)	Declaration Response	
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
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
Enter the supervisor and applicant names (repeat on every page of this form)	<u></u>	
Supervisor First and Last Name: Applicant First and Last Name:		



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ob Tasks (47)			Declaration Response	
	ND SUSPENSION, BRAKING, CONTROL SYSTEM	IS, 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
	YSTEMS, BODY COMPONENTS, ACCESSORIES	AND TRIM	☐ Yes:	□No
Is the applicant able to diagnose				
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, acce	ssories 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
		•	—	
E. Supervisor Signature certify that the information I, as the currentection of personal information on this	e and repair hybrid and electric vehicle (EV) system Int or former direct supervisor of the applicant, have form is in accordance with the provisions of the Fre	e provided is accurate.		
Supervisor Signature certify that the information I, as the current cotection of personal information on this	nt or former direct supervisor of the applicant, have	e provided is accurate.	(Note: Collec	ction and
E. Supervisor Signature certify that the information I, as the current	nt or former direct supervisor of the applicant, have	e provided is accurate. eedom of Information a	(Note: Collec	ction and
certify that the information I, as the current rotection of personal information on this ct.)	nt or former direct supervisor of the applicant, have form is in accordance with the provisions of the Fre	e provided is accurate. eedom of Information a	(Note: Collection	ction and