

## 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.

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

## A. Applicant Name

Legal First Name:	Legal Middle Name(	s):	Legal I	Last Name:	
B. Self-Employment or	Employment Informati	on of Applica	nt		
Enter the contact information for yo Declaration.	ur own business if you are self-e	mployed or your pr	evious emplo	yer who will not complete an Employer	
Name of Organization/Employer/F	Business:		Business Reg only)	gistration Number: (Self-Employment	
Business Address (Street Name/Nu	umber, Building/Unit Number	):	C	ity:	
Province/ State:	Country:		Po	ostal Code/ Zip Code:	
Business Phone Number:	Email Address:	mail Address:		Website:	
Enter the dates and number of hour employment on one form, but you n					
Dates of Employment (MM/DD/YYYY):  From: To:		Total Number Hours of <b>Automotive Service Technician</b> 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 Emp	oloyer Declaration	
Applicants <b>must</b> attempt to contact current or previous employers to request an Employer Declaration to	be filled out and sign	ied.
If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed wo you have taken to try to obtain it.	rk experience, <b>indic</b> a	ate the steps
you have taken to uy 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	e job tasks listed belo	w during the
•	e job tasks listed belo	w during the
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the	DECLA	RATION
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)	DECLA	
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)  Perform Safety-Related Functions	DECLAI RESP	RATION ONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)  Perform Safety-Related Functions  Is the applicant able to maintain safe work environment?	DECLAI RESP	RATION ONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)  Perform Safety-Related Functions  Is the applicant able to maintain safe work environment?  Is the applicant able to use personal protective equipment (PPE) and safety equipment?	DECLAI RESP	RATION ONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)  Perform Safety-Related Functions  Is the applicant able to maintain safe work environment?  Is the applicant able to use personal protective equipment (PPE) and safety equipment?  Use Tools, Equipment and Documentation	DECLAI RESP	RATION ONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)  Perform Safety-Related Functions  Is the applicant able to maintain safe work environment?  Is the applicant able to use personal protective equipment (PPE) and safety equipment?  Use Tools, Equipment and Documentation  Is the applicant able to use tools and equipment?	DECLAI RESP	RATION ONSE
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)  Perform Safety-Related Functions  Is the applicant able to maintain safe work environment?  Is the applicant able to use personal protective equipment (PPE) and safety equipment?  Use Tools, Equipment and Documentation  Is the applicant able to use tools and equipment?  Is the applicant able to use fasteners, tubing, hoses and fittings?	DECLAI RESP	RATION ONSE  No No
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)  Perform Safety-Related Functions  Is the applicant able to maintain safe work environment?  Is the applicant able to use personal protective equipment (PPE) and safety equipment?  Use Tools, Equipment and Documentation  Is the applicant able to use tools and equipment?	DECLAI RESP  Yes  Yes  Yes	RATION ONSE  No No No
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)  Perform Safety-Related Functions  Is the applicant able to maintain safe work environment?  Is the applicant able to use personal protective equipment (PPE) and safety equipment?  Use Tools, Equipment and Documentation  Is the applicant able to use tools and equipment?  Is the applicant able to use fasteners, tubing, hoses and fittings?	DECLAIRESP  Yes  Yes  Yes  Yes  Yes	RATION ONSE  No No No
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)  Perform Safety-Related Functions  Is the applicant able to maintain safe work environment?  Is the applicant able to use personal protective equipment (PPE) and safety equipment?  Use Tools, Equipment and Documentation  Is the applicant able to use tools and equipment?  Is the applicant able to use fasteners, tubing, hoses and fittings?  Is the applicant able to use hoisting and lifting equipment?	DECLAIRESP  Yes  Yes  Yes  Yes  Yes  Yes  Yes	RATION ONSE  No No No No
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)  Perform Safety-Related Functions  Is the applicant able to maintain safe work environment?  Is the applicant able to use personal protective equipment (PPE) and safety equipment?  Use Tools, Equipment and Documentation  Is the applicant able to use tools and equipment?  Is the applicant able to use fasteners, tubing, hoses and fittings?  Is the applicant able to use hoisting and lifting equipment?  Is the applicant able to use technical information?	DECLAIRESP  Yes  Yes  Yes  Yes  Yes  Yes  Yes	RATION ONSE  No No No No
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)  Perform Safety-Related Functions  Is the applicant able to maintain safe work environment?  Is the applicant able to use personal protective equipment (PPE) and safety equipment?  Use Tools, Equipment and Documentation  Is the applicant able to use tools and equipment?  Is the applicant able to use fasteners, tubing, hoses and fittings?  Is the applicant able to use hoisting and lifting equipment?  Is the applicant able to use technical information?  Use Communication and Mentoring Techniques  Is the applicant able to use communication techniques?	DECLAI RESP  Yes Yes Yes Yes Yes Yes Yes Yes	RATION ONSE  No No No No No
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the period indicated in Section B.  JOB TASKS (47)  Perform Safety-Related Functions  Is the applicant able to maintain safe work environment?  Is the applicant able to use personal protective equipment (PPE) and safety equipment?  Use Tools, Equipment and Documentation  Is the applicant able to use tools and equipment?  Is the applicant able to use fasteners, tubing, hoses and fittings?  Is the applicant able to use hoisting and lifting equipment?  Is the applicant able to use technical information?  Use Communication and Mentoring Techniques	DECLAI RESP  Yes Yes Yes Yes Yes Yes Yes Yes	RATION ONSE  No No No No No No



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JOB TASKS (47)		DECLARATION RESPONSE		
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 systems?	☐ Yes	☐ No		
Is the applicant able to diagnose and repair engine assembly?	☐ Yes	☐ No		
Is the applicant able to diagnose and repair accessory drive systems?	☐ Yes	☐ No		
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		
Enter the applicant's initials on every page of this form  hereby certify, that to the best of my knowledge, the information I am providing is true and	Applicant's Initia	als:		
accurate.				



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JOB TASKS (47)		DECLARATION RESPONSE		
Diagnose And Repair Electrical Systems	and Components			
Is the applicant able to diagnose and repair b	☐ Yes	☐ No		
Is the applicant able to diagnose and repair st	☐ Yes	☐ No		
Is the applicant able to diagnose and repair li	☐ Yes	☐ No		
Is the applicant able to diagnose and repair el	☐ Yes	☐ No		
Is the applicant able to diagnose and repair ir	nstrumentation, entertainment systems and displays?	☐ Yes	☐ No	
Diagnose And Repair Heating, Ventilation Comfort Control Systems	on and Air Conditioning (HVAC) And			
Is the applicant able to diagnose and repair a	ir flow control and heating systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair re	efrigerant systems?	☐ Yes	☐ No	
Diagnose And Repair Steering and Suspo Wheels, Hubs and Wheel Bearings	ension, Braking, Control Systems, Tires,			
Is the applicant able to diagnose and repair st	☐ Yes	☐ No		
Is the applicant able to diagnose and repair s	☐ Yes	☐ No		
Is the applicant able to diagnose and repair b	☐ Yes	☐ No		
Is the applicant able to diagnose and repair ti	☐ Yes	☐ No		
Diagnose And Repair Restraint Systems,	Body Components, Accessories and Trim			
Is the applicant able to diagnose and repair re	estraint systems?	☐ Yes	☐ No	
Is the applicant able to diagnose and repair w	☐ Yes	☐ No		
Is the applicant able to diagnose and repair ir	☐ Yes	☐ No		
Is the applicant able to diagnose and repair la	☐ Yes	☐ No		
Diagnose And Repair Hybrid and Electri	c Vehicles (EV)			
Is the applicant able to implement specific sa	☐ Yes	☐ No		
Is the applicant able to diagnose and repair h	☐ Yes	☐ No		
accordance with the provisions of the Freedom of Int	and accurate. (Note: Collection and protection of perso formation and Protection of Privacy Act.)			
Applicant Name (please print):	Date: (MM/DD/Y	YYY)		
Enter the applicant's initials on every page of this f	form			
I hereby certify, that to the best of my knowledge accurate.	e, the information I am providing is true and	Applicant's Initia	als:	



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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.

Relationship to Applicant:		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	:		Language(s) t	hat ref	erence can comm	unicate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title	e:	
Phone Number:					Email Addres	s:	
2. Reference							
Relationship to Applicant:		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:			Language(s) t	hat ref	erence can commi	ınicate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title	e:	
Phone Number:					Email Address	s:	
3. Reference							
Relationship to Applicant:		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:		Language(s) that reference can communicate:		ınicate:	(Check all that apply)		
			☐ English				Other (specify):
Organization/Business Name:					Position/Title	e:	
Phone Number:					Email Address	s:	