



# MOTORCYCLE TECHNICIAN

## 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

### 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)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify):	

### D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

JOB TASKS (114)	SUPERVISOR DECLARATION RESPONSE	
<b>Performs Safety-Related Functions</b>		
Maintains safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Performs Routine Work Practices</b>		
Uses trade-related consumables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs periodic maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs storage procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares new motorcycles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conducts safety inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verifies repairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Uses Tools, Equipment, And Documentation</b>		
Uses diagnostic tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses precision measuring instruments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses hand tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Supervisor must enter name and initials 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 Initials:

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JOB TASKS (114)	SUPERVISOR DECLARATION RESPONSE	
Uses heating/cutting tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses pneumatic and electric power tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses shop equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Uses Communication And Mentoring Techniques</b>		
Uses communication techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnoses Chassis And Components</b>		
Diagnoses frame	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses steering head	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses steering systems for three-wheel motorcycles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses handle bars, foot rests and controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses chassis ancillary and accessory components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Services Chassis And Components</b>		
Services frame	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services steering head	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services steering systems for three-wheel motorcycles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services handle bars, foot rests and controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services chassis ancillary and accessory components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnoses Suspension Systems</b>		
Diagnoses front suspension components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses front suspension components for three-wheel motorcycles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses rear suspension components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses swing arm	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (114)	SUPERVISOR DECLARATION RESPONSE	
<b>Services Suspension Systems</b>		
Services front suspension components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services front suspension components for three-wheel motorcycles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services rear suspension components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services swing arm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnoses Wheels And Tires</b>		
Diagnoses tires	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses spoked wheels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses one-piece wheels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses multi-piece wheels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Services Wheels And Tires</b>		
Services tires	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services spoked wheels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services one-piece wheels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services multi-piece wheels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnoses Braking Systems</b>		
Diagnoses hydraulic braking systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses mechanical braking systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses braking control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Services Braking Systems</b>		
Services hydraulic braking systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services mechanical braking systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services braking control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnoses Two-Stroke And Four-Stroke Engines</b>		
Diagnoses cylinder heads	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (114)	SUPERVISOR DECLARATION RESPONSE	
Diagnoses valve systems on two-stroke engine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses valve train on four-stroke engine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses cylinders and pistons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses crankshaft assembly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses counterbalance assemblies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses engine cases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses lubrication system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses cooling system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Services Two-Stroke And Four-Stroke Engines</b>		
Services cylinder heads on four-stroke engine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services valve systems on two-stroke engine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services valve train on four-stroke engine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services cylinders and pistons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services crankshaft assembly	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services counterbalance assemblies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services engine cases	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services lubrication system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services cooling system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnoses Clutches And Primary Drive</b>		
Diagnoses primary drive and driven gears	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses primary drive chain and sprockets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses primary drive belt and pulleys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses manual clutches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses automatic clutches	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (114)	SUPERVISOR DECLARATION RESPONSE	
Diagnoses kick start	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Services Clutches And Primary Drive</b>		
Services primary drive and driven gears	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services primary drive chain and sprockets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services primary drive belt and pulleys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services manual clutches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services automatic clutches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services kick start	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnoses Transmissions</b>		
Diagnoses constant mesh transmissions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses continuously variable transmission (CVT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Services Transmissions</b>		
Services constant mesh transmissions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services continuously variable transmission	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnoses Final Drive</b>		
Diagnoses final drive chain and sprockets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses final drive shaft and gears	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses final drive belt and pulleys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Services Final Drive</b>		
Services final drive chain and sprockets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services final drive shaft and gears	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services final drive belt and pulleys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnoses Electrical Systems</b>		
Diagnoses battery and charging system	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Diagnoses electrical ancillary and accessory components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses wiring harness systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses ignition system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses electric starting system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Services Electrical Systems</b>		
Services battery and charging system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services electrical ancillary and accessory components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services wiring harness systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services ignition system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services electric starting system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnoses Vehicle Management Systems</b>		
Reads fault codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interprets fault code	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tests system circuitry and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Services Vehicle Management Systems</b>		
Updates software	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services system circuitry and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Diagnoses Fuel And Exhaust Systems</b>		
Diagnoses fuel tanks and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses air delivery system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses carburetor system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses fuel injection system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses exhaust system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Services Fuel And Exhaust Systems</b>		
Services fuel tanks and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (114)	SUPERVISOR DECLARATION RESPONSE	
Services air delivery system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services carburetor system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services fuel injection system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services exhaust system	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, 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.)

Supervisor Signature:	Date Signed: (MM/DD/YYYY)
-----------------------	---------------------------

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