

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:

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.

"Motorcycle technicians" work primarily on 2 and 3-wheeled motorcycles and other units such as motor scooters. They inspect, clean, test, assemble, diagnose, maintain and repair engines, transmissions, drive systems, steering assemblies, braking systems, chassis and suspension, electrical systems, vehicle management systems, fuel systems and exhaust systems. They may specialize in repairing, rebuilding, customizing or servicing these systems or assemblies.

Motorcycle technicians work with hand, power, pneumatic, measuring, diagnostic and testing tools, and shop equipment. Reference material, documentation, computers and software are also necessary tools in this trade. With additional training, Motorcycle technicians can transfer their skills and knowledge to related units and equipment such as, but not limited to, all-terrain vehicles, snowmobiles, watercraft and outdoor power equipment.

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:

Legal Middle Name(s):

- worked a minimum of **8,700 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:

From:

Job Title of Applicant:

Enter the name of the individual for whom this form is being completed.

To:

B. Employment Information	of Applicant		
Enter the business information for the app	licant's period of employme	ent declared for this trade	e.
Name of Organization/Employer/Busine	ss:		
Business Address (Street Name/Number,	, Building/Unit Number):	_	City:
Province/ State:	Country:	_	Postal Code/ Zip Code:
Business Phone Number:	Website:		
Enter the dates and number of hours for	this period of employment	t.	
Dates of Applicant's Employment (MM/I	DD/YYYY):	Total Number Hours	of Motorcycle Technician Experience



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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 communicat	e: (check all that apply)			
☐ English ☐ Other (plea	ise specify):			
D. Supervisor Declaration of Job Task Performance By checking "Yes" or "No" in the Declaration Response column personally witnessed the applicant performing the job tasks lis	n, indicate whether you, as the direct supervise	or of the applican	nt, have	
	JOB TASKS (114) SUPE DECLA		RVISOR ARATION PONSE	
Performs Safety-Related Functions				
Maintains safe work environment		☐ Yes	☐ No	
Uses personal protective equipment (PPE) and safety equ	uipment	☐ Yes	☐ No	
Performs Routine Work Practices				
Uses trade-related consumables		☐ Yes	☐ No	
Performs periodic maintenance		☐ Yes	☐ No	
Performs storage procedures		☐ Yes	☐ No	
Prepares new motorcycles		☐ Yes	☐ No	
Conducts safety inspection		☐ Yes	☐ No	
Verifies repairs		☐ Yes	☐ No	
Uses Tools, Equipment, And Documentation				
Uses diagnostic tools and equipment		☐ Yes	☐ No	
Uses precision measuring instruments		☐ Yes	No	
Uses hand tools		☐ Yes	□ No	
Supervisor must enter name and initials on every page of this t	orm			
Supervisor First and Last Name (Please Print):				
I hereby certify, that to the best of my knowledge, the inform		Supervisor's In	itials:	



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Uses heating/cutting tools and equipment	☐ Yes	☐ No
Uses pneumatic and electric power tools and equipment	☐ Yes	☐ No
Uses shop equipment	☐ Yes	☐ No
Uses documentation	☐ Yes	☐ No
Uses Communication And Mentoring Techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
Diagnoses Chassis And Components		
Diagnoses frame	☐ Yes	☐ No
Diagnoses steering head	☐ Yes	☐ No
Diagnoses steering systems for three-wheel motorcycles	☐ Yes	☐ No
Diagnoses handle bars, foot rests and controls	☐ Yes	☐ No
Diagnoses chassis ancillary and accessory components	☐ Yes	☐ No
Services Chassis And Components		
Services frame	Yes	☐ No
Services steering head	Yes	☐ No
Services steering systems for three-wheel motorcycles	Yes	☐ No
Services handle bars, foot rests and controls	☐ Yes	☐ No
Services chassis ancillary and accessory components	Yes	☐ No
Diagnoses Suspension Systems		
Diagnoses front suspension components	☐ Yes	☐ No
Diagnoses front suspension components for three-wheel motorcycles	Yes	☐ No
Diagnoses rear suspension components	Yes	□ No
Diagnoses swing arm	☐ Yes	No
Supervisor must enter name and initials on every page of this form	1	
Supervisor First and Last Name (Please Print):		
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JOB TASKS (114)	SUPERVISOR DECLARATION RESPONSE	
Services Suspension Systems		
Services front suspension components	☐ Yes	☐ No
Services front suspension components for three-wheel motorcycles	☐ Yes	☐ No
Services rear suspension components	Yes	☐ No
Services swing arm	☐ Yes	☐ No
Diagnoses Wheels And Tires		
Diagnoses tires	☐ Yes	☐ No
Diagnoses spoked wheels	Yes	No
Diagnoses one-piece wheels	☐ Yes	No
Diagnoses multi-piece wheels	☐ Yes	
Services Wheels And Tires		
Services tires	Yes	☐ No
Services spoked wheels	Yes	☐ No
Services one-piece wheels	☐ Yes	☐ No
Services multi-piece wheels	☐ Yes	☐ No
Diagnoses Braking Systems		
Diagnoses hydraulic braking systems	☐ Yes	☐ No
Diagnoses mechanical braking systems	☐ Yes	☐ No
Diagnoses braking control systems	Yes	☐ No
Services Braking Systems		
Services hydraulic braking systems	☐ Yes	☐ No
Services mechanical braking systems	☐ Yes	☐ No
Services braking control systems	☐ Yes	☐ No
Diagnoses Two-Stroke And Four-Stroke Engines		
Diagnoses cylinder heads	Yes	☐ No
Supervisor must enter name and initials on every page of this form	<u> </u>	
Supervisor First and Last Name (Please Print):		
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JOB TASKS (114)		SUPERVISOR DECLARATION RESPONSE	
Diagnoses valve systems on two-stroke engine	☐ Yes	☐ No	
Diagnoses valve train on four-stroke engine	☐ Yes	☐ No	
Diagnoses cylinders and pistons	☐ Yes	☐ No	
Diagnoses crankshaft assembly	☐ Yes	☐ No	
Diagnoses counterbalance assemblies	☐ Yes	☐ No	
Diagnoses engine cases	☐ Yes	☐ No	
Diagnoses lubrication system	☐ Yes	☐ No	
Diagnoses cooling system	☐ Yes	☐ No	
Services Two-Stroke And Four-Stroke Engines			
Services cylinder heads on four-stroke engine	☐ Yes	☐ No	
Services valve systems on two-stroke engine	☐ Yes	☐ No	
Services valve train on four-stroke engine	☐ Yes	☐ No	
Services cylinders and pistons	☐ Yes	☐ No	
Services crankshaft assembly	☐ Yes	☐ No	
Services counterbalance assemblies	☐ Yes	☐ No	
Services engine cases	☐ Yes	☐ No	
Services lubrication system	☐ Yes	☐ No	
Services cooling system	☐ Yes	☐ No	
Diagnoses Clutches And Primary Drive			
Diagnoses primary drive and driven gears	☐ Yes	☐ No	
Diagnoses primary drive chain and sprockets	☐ Yes	☐ No	
Diagnoses primary drive belt and pulleys	☐ Yes	☐ No	
Diagnoses manual clutches	☐ Yes	☐ No	
Diagnoses automatic clutches	☐ Yes	☐ No	
Supervisor must enter name and initials on every page of this form Supervisor First and Last Name (Please Print):			
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DEC		ERVISOR ARATION SPONSE	
Diagnoses kick start	☐ Yes	☐ No	
Services Clutches And Primary Drive			
Services primary drive and driven gears	☐ Yes	☐ No	
Services primary drive chain and sprockets	☐ Yes	☐ No	
Services primary drive belt and pulleys	☐ Yes	☐ No	
Services manual clutches	☐ Yes	☐ No	
Services automatic clutches	☐ Yes	☐ No	
Services kick start	☐ Yes	☐ No	
Diagnoses Transmissions			
Diagnoses constant mesh transmissions	☐ Yes	☐ No	
Diagnoses continuously variable transmission (CVT)	☐ Yes	☐ No	
Services Transmissions			
Services constant mesh transmissions	☐ Yes	☐ No	
Services continuously variable transmission	☐ Yes	☐ No	
Diagnoses Final Drive			
Diagnoses final drive chain and sprockets	☐ Yes	☐ No	
Diagnoses final drive shaft and gears	☐ Yes	☐ No	
Diagnoses final drive belt and pulleys	☐ Yes	☐ No	
Services Final Drive			
Services final drive chain and sprockets	☐ Yes	☐ No	
Services final drive shaft and gears	Yes	☐ No	
Services final drive belt and pulleys	☐ Yes	□ No	
Diagnoses Electrical Systems			
Diagnoses battery and charging system	☐ Yes	☐ No	
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JOB TASKS (114)	DECLA	RVISOR RATION ONSE
Diagnoses electrical ancillary and accessory components	☐ Yes	☐ No
Diagnoses wiring harness systems	☐ Yes	☐ No
Diagnoses ignition system	☐ Yes	☐ No
Diagnoses electric starting system	☐ Yes	☐ No
Services Electrical Systems		
Services battery and charging system	☐ Yes	☐ No
Services electrical ancillary and accessory components	☐ Yes	☐ No
Services wiring harness systems	☐ Yes	☐ No
Services ignition system	☐ Yes	☐ No
Services electric starting system	☐ Yes	☐ No
Diagnoses Vehicle Management Systems		
Reads fault codes	☐ Yes	☐ No
Interprets fault code	☐ Yes	☐ No
Tests system circuitry and components	☐ Yes	☐ No
Services Vehicle Management Systems		
Updates software	☐ Yes	☐ No
Services system circuitry and components	Yes	☐ No
Diagnoses Fuel And Exhaust Systems		
Diagnoses fuel tanks and components	☐ Yes	☐ No
Diagnoses air delivery system	☐ Yes	☐ No
Diagnoses carburetor system	☐ Yes	☐ No
Diagnoses fuel injection system	☐ Yes	☐ No
Diagnoses exhaust system	☐ Yes	☐ No
Services Fuel And Exhaust Systems		
Services fuel tanks and components	☐ Yes	☐ No
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	customerservice	@skilledtradesb	
JOB TASKS (114)		SUPERVISOR DECLARATION RESPONSE	
Services air delivery system	☐ Yes	☐ No	
Services carburetor system	☐ Yes	☐ No	
Services fuel injection system	☐ Yes	☐ No	
Services exhaust system	☐ Yes	☐ No	
E. Supervisor Signature certify that the information I, as the current or former direct supervisor of the applicant, have provide collection and protection of personal information on this form is in accordance with the provisions of Protection of Privacy Act.)	ed is true and accurate. The Freedom of Informa	(Note: ation and	
Supervisor Signature:	Date Signed: (MM/	(DD/YYYY)	
upervisor must enter name and initials on every page of this form			
pervisor First and Last Name (Please Print):			
hereby certify, that to the best of my knowledge, the information I am providing as a current or papervisor of the applicant (as named on page 1 of this document), is true and accurate.	past Supervisor's In	itials:	