

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.

"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:

- 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

Applicant Name

Legal First Name:	Legal Middle Name(s):	S): Legal Last Name:		Name:
B. Self-Employment of	or Employment Informatio	on of Applican	nt	
Enter the contact information for Declaration.	your own business if you are self-en	nployed or your pre	evious employer	who will not complete an Employer
Name of Organization/Employe	r/Business:		Business Registronly)	ration Number: (Self-Employment
Business Address (Street Name/	Number, Building/Unit Number):		City:	
Province/ State:	Country:		Posta	l Code/ Zip Code:
Business Phone Number:	Email Address:		Website:	
	ours for this period of employment o u must separate periods of employm			
Dates of Employment (MM/DD/YYYY): From: To: Total Number Accumulated			ycle Technician Experience	
Ioh Title of Applicant:		<u> </u>		



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C. Reason for Statutory Declaration Indicate why a Statutory Declaration is required for this period of employment:			
indicate why a Statutory Declaration is required for this period of employment:			
Applicant was self-employed Employer will/can not complete Employer	yer Declaration		
Applicants must attempt to contact current or previous employers to request an Employer Declaration to be	filled out and sig	ned.	
If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work of you have taken to try to obtain it.	experience, indic	cate the steps	
D. Statutory Declaration of Job Task Performance By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.			
period indicated in Section B.			
period indicated in Section B. JOB TASKS (114)		RATION ONSE	
		RATION	
JOB TASKS (114)		RATION	
JOB TASKS (114) Performs Safety-Related Functions	RESP	RATION ONSE	
JOB TASKS (114) Performs Safety-Related Functions Maintains safe work environment	RESP	RATION ONSE	
JOB TASKS (114) Performs Safety-Related Functions Maintains safe work environment Uses personal protective equipment (PPE) and safety equipment	RESP	RATION ONSE	
JOB TASKS (114) Performs Safety-Related Functions Maintains safe work environment Uses personal protective equipment (PPE) and safety equipment Performs Routine Work Practices	RESP Yes Yes	RATION ONSE	
JOB TASKS (114) Performs Safety-Related Functions Maintains safe work environment Uses personal protective equipment (PPE) and safety equipment Performs Routine Work Practices Uses trade-related consumables	RESP Yes Yes Yes	RATION ONSE No No	
JOB TASKS (114) Performs Safety-Related Functions Maintains safe work environment Uses personal protective equipment (PPE) and safety equipment Performs Routine Work Practices Uses trade-related consumables Performs periodic maintenance	Yes Yes Yes Yes	RATION ONSE No No No	
JOB TASKS (114) Performs Safety-Related Functions Maintains safe work environment Uses personal protective equipment (PPE) and safety equipment Performs Routine Work Practices Uses trade-related consumables Performs periodic maintenance Performs storage procedures	RESP Yes Yes Yes Yes Yes Yes	RATION ONSE No No No No No	
JOB TASKS (114) Performs Safety-Related Functions Maintains safe work environment Uses personal protective equipment (PPE) and safety equipment Performs Routine Work Practices Uses trade-related consumables Performs periodic maintenance Performs storage procedures Prepares new motorcycles	Yes Yes	RATION ONSE No No No No No No	
Performs Safety-Related Functions Maintains safe work environment Uses personal protective equipment (PPE) and safety equipment Performs Routine Work Practices Uses trade-related consumables Performs periodic maintenance Performs storage procedures Prepares new motorcycles Conducts safety inspection	RESP □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	RATION ONSE No No No No No No No	



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JOB TASKS (114)		DECLARATION RESPONSE	
Uses Tools, Equipment, And Documentation			
Uses diagnostic tools and equipment	☐ Yes	☐ No	
Uses precision measuring instruments	☐ Yes	☐ No	
Uses hand tools	☐ Yes	☐ No	
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	
Enter the applicant's initials on every page of this form I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Init	tials:	



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JOB TASKS (114)		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	□ No	
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	
Diagnoses valve systems on two-stroke engine	Yes	☐ No	
Diagnoses valve train on four-stroke engine	Yes	□ No	
Diagnoses cylinders and pistons	Yes	□ No	
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JOB TASKS (114)		DECLARATION RESPONSE	
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	
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	
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JOB TASKS (114)		DECLARATION RESPONSE	
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	
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			
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JOB TASKS (114)		DECLARATION RESPONSE		
Reads fault codes			☐ Yes	☐ No
Interprets fault code			☐ Yes	☐ No
Tests system circuitry and components			☐ Yes	☐ No
Services Vehicle Management Syste	ems			
Updates software			Yes	☐ No
Services system circuitry and components	,		Yes	□ No
Diagnoses Fuel And Exhaust System	ns			
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
Services air delivery system			☐ Yes	□ No
Services carburetor system			☐ Yes	□ No
Services fuel injection system			☐ Yes	□ No
Services exhaust system			☐ Yes	□ No
E. Applicant Signature I certify that the information I have provided is to accordance with the provisions of the Freedom of Applicant Name (please print):		•	al information o Date: (MM/DD/	
F. References				
Minimum of Three References must accompant three individuals who can attest to your hours are employment listed in Section B of this form.				
Each individual listed will be contacted by Skille	edTradesBC to verify the information provided o	on your applic	ation.	
Enter the applicant's initials on every page of the	is form			
I hereby certify, that to the best of my knowled	lge, the information I am providing is true and	d accurate.	Applicant's Init	tials:



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Reference 1. Relationship to Applicant: Former Employee Contractor Supplier Co-worker Client Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify: (Check all that apply) First and Last Name of Reference: Language(s) that reference can communicate: English Other (specify): Organization/Business Name: Position/Title: Phone Number: Email Address: Reference 2. Relationship to Applicant: Former Employee Contractor Supplier Co-worker Client Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify: Language(s) that reference can communicate: (Check all that apply) First and Last Name of Reference: English Other (specify): Organization/Business Name: Position/Title: Phone Number: Email Address: 3. Reference Relationship to Applicant: ☐ Former Employee Contractor Supplier Co-worker Client Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify: (Check all that apply) First and Last Name of Reference: Language(s) that reference can communicate: English Other (specify): Organization/Business Name: Position/Title: Phone Number: Email Address:

Enter the applicant's initials on every page of this form

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