

MOTORCYCLE TECHNICIAN

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

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 Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration to be filled out and signed.

If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, **indicate the steps you have taken to try 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 job tasks listed below during the period indicated in Section B.

JOB TASKS (114)	DECLARATION RESPONSE	
Performs Safety-Related Functions		
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
Performs Routine Work Practices		
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

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 Initials:
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JOB TASKS (114)	DECLARATION RESPONSE	
Uses Tools, Equipment, And Documentation		
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
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
Uses Communication And Mentoring Techniques		
Uses communication techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses Chassis And Components		
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
Services Chassis And Components		
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
Diagnoses Suspension Systems		
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)	DECLARATION RESPONSE	
Services Suspension Systems		
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
Diagnoses Wheels And Tires		
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
Services Wheels And Tires		
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
Diagnoses Braking Systems		
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
Services Braking Systems		
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
Diagnoses Two-Stroke And Four-Stroke Engines		
Diagnoses cylinder heads	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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

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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
Services Two-Stroke And Four-Stroke Engines		
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
Diagnoses Clutches And Primary Drive		
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
Diagnoses kick start	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Clutches And Primary Drive		
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

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JOB TASKS (114)	DECLARATION RESPONSE	
Services kick start	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses Transmissions		
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
Services Transmissions		
Services constant mesh transmissions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services continuously variable transmission	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses Final Drive		
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
Services Final Drive		
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
Diagnoses Electrical Systems		
Diagnoses battery and charging system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
Services Electrical Systems		
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
Diagnoses Vehicle Management Systems		

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JOB TASKS (114)	DECLARATION RESPONSE	
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
Services Vehicle Management Systems		
Updates software	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services system circuitry and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses Fuel And Exhaust Systems		
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
Services Fuel And Exhaust Systems		
Services fuel tanks and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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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.

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1. Reference

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

2. Reference

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

3. Reference

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

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