

#### **AUTOMOTIVE GLASS 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

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.

"Automotive Glass Technician" means a person who removes, installs, repairs, and generally services all types of stationary and movable glass in motor vehicles and associated 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 **5,265 hours** performing the job tasks listed in Section D of this form,
- experience performing at least 70% of those tasks, and
- proof of achievement of **industry-based practical assessment** (see website for details <a href="https://skilledtradesbc.ca/automotive-glass-technician">https://skilledtradesbc.ca/automotive-glass-technician</a>). This is not applicable if you are applying for Supervision and Sign-off Authority.

Legal Middle Name(s):

#### A. Applicant Name

Legal First Name:

Job Title of Applicant:

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

B. Employment Information Enter the business information for the app		nt declared for this trade	e.	
Name of Organization/Employer/Busin	ess:			
Business Address (Street Name/Number, Building/Unit Number):			City:	
Province/ State:	Country:		Postal Code/ Zip Code:	
Business Phone Number:	Website:	<u> </u>		
Enter the dates and number of hours for	r this period of employment.			
Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of <b>Automotive Glass Technician</b> Experience Accumulated in Period:		
From: To:		Accumulated in Ferro	Ju.	



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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.

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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	e: (check all that apply)				
☐ English ☐ Other (please 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 list	, indicate whether you, as the direct supervis	or of the applicar	ıt, have		
JOB TASKS (27)		SUPERVISOR DECLARATION RESPONSE			
Perform Safety-Related Functions					
Uses personal protective equipment (PPE) and safety equipment			☐ No		
Maintains a safe work environment			☐ No		
Adheres to requirements to federal vehicle safety standards			☐ No		
Use Tools, Equipment, And Supplies					
Uses tools and equipment			☐ No		
Uses setting and lifting equipment			☐ No		
Uses supplies, such as adhesives, urethane systems, and fasteners			☐ No		
Organize Work And Use Documentation					
Communicates effectively with others			☐ No		
Interprets and applies technical information			☐ No		
Contribute to preparation of estimates and supplements			☐ No		
Organizes parts, materials and work area			☐ No		
Prepare Vehicle					
Identifies supplemental restraint systems			☐ No		
Removes contaminants			☐ No		
Supervisor must enter name and initials on every page of this for	orm				
Supervisor First and Last Name (Please Print):					
I hereby certify, that to the best of my knowledge, the inform supervisor of the applicant (as named on page 1 of this docu		Supervisor's In	itials:		



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JOB TASKS (27)		SUPERVISOR DECLARATION RESPONSE			
Protects undamaged areas	☐ Yes	☐ No			
Perform Windshield Repair					
Prepares surface for repair	☐ Yes	☐ No			
Repairs laminated glass	☐ Yes	☐ No			
Remove, Repair And Install Components					
Removes components	☐ Yes	☐ No			
Installs component	☐ Yes	☐ No			
Remove And Install Glass/Materials					
Removes non-bonded glass/materials	☐ Yes	☐ No			
Prepares surfaces for bonding	☐ Yes	☐ No			
Fabricates templates	☐ Yes	☐ No			
Cuts glass/material	☐ Yes	☐ No			
Installs non-bonded glass/materials	☐ Yes	☐ No			
Installs bonded glass/materials	☐ Yes	☐ No			
Prepare Vehicle For Delivery					
Verifies system calibration	☐ Yes	☐ No			
Performs final inspection	☐ Yes	☐ No			
Perform Troubleshooting Procedures					
Diagnoses water leaks	☐ Yes	☐ No			
Diagnoses glass-related issues	☐ Yes	☐ 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)			
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:			