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
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 https://skilledtradesbc.ca/automotive-glass-technician). This is not applicable if you are applying for Supervision and Sign-off Authority.

A. Applicant Name

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

B. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

Name of Organization/Employer/Business:		
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.

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Automotive Glass Technician** Experience Accumulated in Period:
Job Title of Applicant:	

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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 communicate: (check all that apply) ☐ English ☐ 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 (27)	SUPERVISOR DECLARATION RESPONSE	
Perform Safety-Related Functions		
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Maintains a safe work environment	☐ Yes	☐ No
Adheres to requirements to federal vehicle safety standards	☐ Yes	☐ No
Use Tools, Equipment, And Supplies		
Uses tools and equipment	☐ Yes	☐ No
Uses setting and lifting equipment	☐ Yes	☐ No
Uses supplies, such as adhesives, urethane systems, and fasteners	☐ Yes	☐ No
Organize Work And Use Documentation		
Communicates effectively with others	☐ Yes	☐ No
Interprets and applies technical information	☐ Yes	☐ No
Contribute to preparation of estimates and supplements	☐ Yes	☐ No
Organizes parts, materials and work area	☐ Yes	☐ No
Prepare Vehicle		
Identifies supplemental restraint systems	☐ Yes	☐ No
Removes contaminants	☐ Yes	☐ 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 (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: