AUTOMOTIVE GLASS 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

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.

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

A. Applicant Name

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

B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ( )	Email Address:	Website:

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

Dates of 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. 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 (27)	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

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 (27)	DECLARATION RESPONSE	
Prepare Vehicle		
Identifies supplemental restraint systems	☐ Yes	☐ No
Removes contaminants	☐ Yes	☐ No
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. 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)

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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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.

1. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ 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) ☐ English	☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ 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) ☐ English	☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ 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) ☐ English	☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

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: