

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.

“Railway Car Technician” means a person who inspects, repairs, replaces and reconditions mechanical or structural components and systems of freight cars and passenger coaches. These individuals must have a mechanical aptitude and hands-on skills and be able to use many different types of power, pneumatic, and hydraulic tools and equipment. These individuals work for railway companies or rail car repair facilities.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **6,000 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

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:
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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 Railway Car Technician Experience Accumulated in Period:
Job Title of Applicant:	

RAILWAY CAR 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

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)	
<input type="checkbox"/> English <input type="checkbox"/> 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 (26)	SUPERVISOR DECLARATION RESPONSE	
Performs Occupational Skills		
Uses personal protective equipment; maintains safe work environment; paints rail equipment and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses tools, rigging and lifting equipment, welding and cutting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bends/fits air, water and pneumatic pipes, performs thread cutting, uses fasteners, adhesives, sealants, lubricants, gaskets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses computers, communicates with others, plans daily tasks per work assignment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses technical documents, interprets regulatory documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transports and sets up cranes and hoisting equipment, uses load charts and engineered lift-plans to organize lift and advise crew, operates crane and boom trucks per applicable regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Designs/ lays out railcar parts and components for fabrication, verifies fit and finish of fabricated railcar part/component	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses / Services Underframe Systems		
Diagnoses and services freight-car and passenger-car wheel / axle assemblies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspects and/or assembles/disassembles knuckles, yokes, draft gears and associated components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reconditions couplers, knuckles, yokes and other equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspects/services centre-of-car and end-of-car cushion units	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses/services chassis and chassis components, centre sill, underframe trucks	<input type="checkbox"/> Yes	<input type="checkbox"/> 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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EMPLOYER DECLARATION
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JOB TASKS (26)	SUPERVISOR DECLARATION RESPONSE	
Diagnoses / Services Brake Systems		
Diagnoses and services air-brake system and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services air-brake system consumables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses and services hand-brake system and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses / Services Railcar Bodies and Units		
Diagnoses and services freight cars: Gondola-car components; Bulkhead/ flatcar components; Intermodal components; Hopper-car components; Boxcar components; Autorack-car components; Tanker-car components; Caboose components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses and services passenger cars: Baggage-car bodies; Domed (park/skyline) – car bodies; Coach-car components; Diner-car components; Sleeper-car components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses / Services Climate Control and Plumbing Systems		
Assists in removal, reinstallation and replacement of air conditioning and heating-system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses/services caboose-heater	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses/services pumps, hoses and related components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses/services tanks and related components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yard Systems		
Sets up and uses rerailers (replacers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operates jacks to rerail cars	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operates crane to rerail cars	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operates railcar-movers, switches and derails	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies Transport Canada specifications re: CCI responsibilities, monitor/report violations per regulatory requirements, participate in Joint Inspection Procedure to identify defects and remedies	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)
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Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	Supervisor's Initials:
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.	