

**AGRICULTURE EQUIPMENT TECHNICIAN
EMPLOYER DECLARATION
OF WORK EXPERIENCE**

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 **8,790 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant’s work experience in this trade. This form 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 by each Employer listed on the applicant’s completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or 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:
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B. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

Name of Organization/Employer/Business:		
First and Last Name of Applicant’s Direct Supervisor:		Supervisor Position or Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ()	Mobile Phone Number: ()	Supervisor E-Mail Address:

C. Employment Information of Applicant

Dates of Applicant’s Employment (MM/DD/YYYY): From: To:	Total Number Hours of Agriculture Equipment Technician Experience Accumulated in that Period:
Job Title of Applicant:	

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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D. Supervisor Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declaration Response
<p>Occupational Skills Includes: Applying technical information; using tools and equipment; using lifting tools, using welding, cutting and heating equipment,</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Engines and Engine Systems Includes: Maintaining engines and engine systems, diagnosing engine performance, repairing basic engines, repairing lubrication systems, repairing cooling systems, repairing intake and exhaust systems, repairing fuel systems, repairing engine control systems.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Drive Train and Drive Train Systems Includes: Maintaining drive train systems, diagnosing drive train systems, repairing clutches, repairing drive lines, repairing transmissions and gear boxes, repairing differentials., repairing belt and chain drives</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Hydraulics and Hydraulic Systems Includes: Maintains hydraulic systems, diagnosing hydraulic systems, repairing pump systems, repairing hydrostatic systems, repairing control systems, repairing actuators and lines, repairs hydraulic cooling systems.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Electrical And Electrical Systems Includes: Maintaining electrical systems, Diagnosing electrical and electronic systems, repairing charging systems, repairing starting systems, repairing ignition systems, repairing electrical conductors, repairing electronic components, repairing accessories.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Steering And Braking Systems Includes: Maintaining steering systems, Maintaining braking systems, Diagnosing steering and braking systems, repairing steering system components, repairing braking system components.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Components and Accessories Includes: Repairing air conditioning system, repairing operators’ environment, repairing frames, repairing suspensions.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>Equipment Includes: Repairing tillage and seeding equipment, repairing harvesting equipment, repairing spraying and irrigation equipment.</p>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@skilledtradesbc.ca

E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.

There are no prerequisite credentials or certificates for this trade.

F. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is 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 name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)
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Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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