

**AGRICULTURE EQUIPMENT TECHNICIAN
STATUTORY 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 E, and
- experience performing at least **70%** of the job tasks listed in Section E

A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, Certification Challenge and Supervision and Sign-Off Authority applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience. For more information, see **Instructions for Certification Challenge or Supervision and Sign-off Authority**.

The information provided on this form is used to assess and to validate your work experience in this trade.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Supervisor or Self-Employment Contact Information

Enter the contact information for the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

Name of Organization/Employer/Business:	Supervisor Name:	Supervisor's Position/Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Telephone Number: ()	Email Address:	Business Registration Number: (Self-Employment only)

C. Employment or Self-Employment Information of Applicant

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

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

Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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D. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:

- Applicant was self-employed Employer will not complete Employer Declaration
 Employer is no longer in business Employment records are not available

Applicants must attempt to contact current or previous employers to request an Employer Declaration. 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. If sufficient evidence of steps taken is not provided, the application may not be approved.

E. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you have performed the job tasks listed below. Cross out any job tasks you did not perform during the period indicated in Section C.

Job Tasks	Declaration Response
Occupational Skills Includes: Applying technical information; using tools and equipment; using lifting tools, using welding, cutting and heating equipment,	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the applicant name (repeat on every page of this form).

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Job Tasks	Declaration Response
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.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Steering And Braking Systems Includes: Maintaining steering systems, Maintaining braking systems, Diagnosing steering and braking systems, repairing steering system components, repairing braking system components.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Components and Accessories Includes: Repairing air conditioning system, repairing operators' environment, repairing frames, repairing suspensions.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Equipment Includes: Repairing tillage and seeding equipment, repairing harvesting equipment, repairing spraying and irrigation equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

F. 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, you must prove you have the required prerequisite credentials.

There are no prerequisite credentials or certificates for this trade.

G. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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 Richmond, BC V6Y 3T6
 Tel: 778-328-8700
 Fax: 778-328-8701
 Toll Free: 1-866-660-6011
 customerservice@skilledtradesbc.ca

H. References

References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), former employees (maximum one), contractors, or regular, long-term clients (maximum one).

Each individual listed will be contacted by SkilledTradesBC to verify the information provided on your application.

1. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

2. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

3. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

Enter the applicant name (repeat on every page of this form).

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