

# TRANSPORT TRAILER 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 **4,500 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D
  - Holders of a Certificate of Qualification (CofQ) in **Heavy Duty Equipment Technician or Truck and Transport Mechanic** will be eligible to challenge this certification or receive Supervision and Sign-Off Authority by documenting only **3,000** work-based hours of directly related work experience.
  - Holders of a Certificate of Qualification (CofQ) in **Diesel Engine Mechanic** will be eligible to challenge this certification or receive Supervision and Sign-Off Authority by documenting only **3,750** work-based hours of directly related work experience.

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:

*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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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. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY): From: _____ To: _____	Total Number Hours of <b>Transport Trailer Technician</b> Experience Accumulated in that Period: _____
Job Title of Applicant: _____	

### 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
<b>Occupational Skills</b> Includes: Utilizing drawings, codes, standards, service manuals and Commercial Vehicle Safety Alliance (CVSA); utilizing tools and measuring equipment; demonstrating common work practices and procedures.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Suspension Systems</b> Includes: Maintaining air suspension systems, spring suspension systems, and rubber block suspension systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Braking Systems</b> Includes: Maintaining foundation brake components, air delivery components to brake systems, hydraulic components to disc/drum brake systems, electric brake system components, and Anti-lock Braking System (ABS) components.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Axles and Wheel Assemblies</b> Includes: Maintaining axles and hubs; maintaining steering and lift axles; and servicing tires and rims.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Trailer Chassis, Bodies, And Coupling Units</b> Includes: Maintaining trailer chassis (frames, sub-frames and sliders), trailer bodies and components, coupling units and landing gear, electrical systems, trailer mounted accessories, and hydraulic components.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Cooling and Heating Units</b> Includes: Servicing heating and refrigeration unit and auxiliary heating systems.	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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**EMPLOYER DECLARATION**  
**OF WORK EXPERIENCE**

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**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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