

**AUTO BODY AND COLLISION
TECHNICIAN
STATUTORY DECLARATION
OF WORK EXPERIENCE**

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.

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 **9,675 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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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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)
Mailing Address:		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 Auto Body and Collision Technician Experience Accumulated in that 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**. If sufficient evidence of steps taken is not provided, the application may not be approved.

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 (73)	Declaration Response
PERFORMS SAFETY-RELATED FUNCTIONS Maintains safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES AND MAINTAINS TOOLS AND EQUIPMENT Maintains hand and power tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains frame and unibody repair and measuring equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses lifting equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (73)	Declaration Response
Uses diagnostic equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains refinishing tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES AND MAINTAINS WELDING EQUIPMENT Uses welding equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains welding equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ORGANIZES WORK AND USES DOCUMENTATION Prepares estimates and supplements	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares repair plan	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organizes parts, materials and work area	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses documentation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES COMMUNICATION AND MENTORING TECHNIQUES Uses communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REMOVES AND INSTALLS TRIM AND HARDWARE Removes trim and hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs trim and hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORMS FINAL INSPECTIONS Performs final operational check	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs final quality control inspection	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLIES CORROSION PROTECTION AND SOUND DEADENING MATERIALS Applies corrosion inhibitors and undercoats	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies seam sealers and sound deadeners	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (73)	Declaration Response
PREPARES FOR REPAIR AND REPLACEMENT OF STRUCTURAL COMPONENTS Identifies extent of damage	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removes components for access	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs vehicle setup	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REPAIRS, REMOVES AND INSTALLS STRUCTURAL COMPONENTS Repairs structural components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removes structural components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs structural components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REMOVES, INSTALLS AND REPAIRS STRUCTURAL AND LAMINATED GLASS Removes structural glass	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs structural glass	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs laminated glass	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REMOVES, REPAIRS AND INSTALLS METAL PANELS AND COMPONENTS Prepares metal panels and components for repair	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removes metal panels and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs metal panels and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs metal panels and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REMOVES, REPAIRS AND INSTALLS PLASTIC AND COMPOSITE PANELS AND COMPONENTS Prepares plastic and composite panels and components for repair	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Removes plastic and composite panels and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs plastic and composite panels and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (73)	Declaration Response
Installs plastic and composite panels and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REMOVES AND INSTALLS NON-STRUCTURAL GLASS Removes non-structural glass	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs non-structural glass	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
DEACTIVATES AND REACTIVATES ALTERNATIVE-FUEL SYSTEMS Deactivates alternative-fuel systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Reactivates alternative-fuel systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REMOVES AND INSTALLS MECHANICAL COMPONENTS Removes mechanical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs mechanical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REMOVES, REPAIRS AND INSTALLS ELECTRICAL AND ELECTRONIC COMPONENTS Removes electrical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Repairs damaged wires and protective coverings	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Installs electrical components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services advanced electronic components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REPAIRS AND REPLACES INTERIOR COMPONENTS Repairs interior components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Replaces interior components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICES SUPPLEMENTAL RESTRAINT SYSTEMS (SRS) Services seat belt restraint systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services air bags and related components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARES SURFACE Performs initial preparation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (73)	Declaration Response
Masks surface	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Strips surface	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sands surface	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USES REPAIR MATERIALS Mixes repair materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies repair materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARES REFINISHING EQUIPMENT Prepares spray booth	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs spray gun setup	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARES REFINISHING MATERIALS Mixes refinishing materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs colour adjustments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
APPLIES REFINISHING MATERIALS Applies sealers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies base coat	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies single-stage paint	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Applies clear coat	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORMS POST-REFINISHING FUNCTIONS Removes masking materials	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Corrects surface imperfections	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
DETAILS EXTERIOR Removes minor imperfections	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks (73)	Declaration Response
Polishes vehicle	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Touches up stone chips	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CLEANS VEHICLE Cleans exterior	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cleans interior	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. 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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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:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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