

AUTOMOTIVE GLASS 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 **5,265 hours** performing the tasks listed in Section E,
- experience performing at least **70%** of the job tasks listed in Section E, and
- proof of achievement of industry-based practical assessment (see website for details <http://www.skilledtradesbc.ca/program/automotive-glass-technician>) This is not applicable if you are applying for Supervision and Sign-off Authority.

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:
-------------------	-----------------------	------------------

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 Automotive Glass Technician Experience Accumulated in that Period:
Job Title of Applicant:	

D. Reason for Statutory Declaration

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

- | | |
|--|--|
| <input type="checkbox"/> Applicant was self-employed | <input type="checkbox"/> Employer will not complete Employer Declaration |
| <input type="checkbox"/> Employer is no longer in business | <input type="checkbox"/> 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.

Job Tasks	Declaration Response
PERFORM SAFETY-RELATED FUNCTIONS	
Is the applicant able to use personal protective equipment (PPE) and safety equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to maintain a safe work environment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to adhere to requirements to federal vehicle safety standards?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
USE TOOLS, EQUIPMENT, AND SUPPLIES	
Is the applicant able to use tools and equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to use setting and lifting equipment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to use supplies, such as adhesives, urethane systems, and fasteners?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

AUTOMOTIVE GLASS TECHNICIAN

STATUTORY 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

Job Tasks	Declaration Response
ORGANIZE WORK AND USE DOCUMENTATION	
Is the applicant able to communicate effectively with others?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to interpret and apply technical information?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to contribute to preparation of estimates and supplements?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to organize parts, materials and work area?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARE VEHICLE	
Is the applicant able to identify supplemental restraint systems?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to remove contaminants?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to protect undamaged areas?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM WINDSHIELD REPAIR	
Is the applicant able to prepare surface for repair?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to repair laminated glass?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REMOVE, REPAIR AND INSTALL COMPONENTS	
Is the applicant able to remove components?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to install component?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
REMOVE AND INSTALL GLASS/MATERIALS	
Is the applicant able to remove non-bonded glass/materials?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to prepare surfaces for bonding?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to fabricate templates?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to cut glass/material?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

AUTOMOTIVE GLASS TECHNICIAN

STATUTORY 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

Job Tasks	Declaration Response
Is the applicant able to install non-bonded glass/materials?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to install bonded glass/materials?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PREPARE VEHICLE FOR DELIVERY	
Is the applicant able to verify system calibration?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to perform final inspection?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
PERFORM TROUBLESHOOTING PROCEDURES	
Is the applicant able to diagnose water leaks?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the applicant able to diagnose glass-related issues?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

AUTOMOTIVE GLASS TECHNICIAN

STATUTORY 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

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.

I declare that I have attained the prerequisite credentials or certification required to be considered eligible to challenge or receive Supervision and Sign-off Authority in this trade:

Prerequisite Third Party Proof of Achievement on Practical Assessment

Copy of proof attached

This is not applicable if you are applying for Supervision and Sign-off Authority.

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)
--------------------------------	----------------------	--------------------

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

AUTOMOTIVE GLASS TECHNICIAN

STATUTORY 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

I. 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).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------