

AUTOMOTIVE REFINISHING 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 **4,950 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:

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):		Total Number Hours of Automotive Refinishing Technician Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

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

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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 (31)	Declaration Response
PERFORMS SAFETY-RELATED FUNCTIONS Maintains safe workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MAINTAINS TOOLS AND EQUIPMENT Maintains hand and power tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains spray booth	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains spray equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains mixing equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintains shop equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ORGANIZES WORK	Yes: <input type="checkbox"/>

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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

Job Tasks (31)	Declaration Response
Uses documentation	No: <input type="checkbox"/>
Performs inspections	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Contributes to development of repair plan	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organizes refinish production schedule	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"/>
PREPARES SURFACE Performs initial preparation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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"/>
Applies protective coating	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"/>

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Job Tasks (31)	Declaration Response
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"/>
Performs final check	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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Enter the applicant name (repeat on every page of this form)

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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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