

# AUTOMOTIVE SERVICE 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

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 **9,540 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 **military certificate Vehicle Technician MT #129 / #411, QL5 or higher** will be eligible to challenge this certification.

### 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 <b>Automotive Service Technician</b> 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 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.

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**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 (47)	Declaration Response
<b>PERFORM SAFETY-RELATED FUNCTIONS</b>	
Is the applicant able to maintain safe work environment?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to use mentoring techniques?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
<b>DIAGNOSE AND REPAIR ENGINE SYSTEMS</b>	
Is the applicant able to diagnose and repair cooling systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair lubricating systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair engine assembly?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair accessory drive systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
<b>DIAGNOSE AND REPAIR GASOLINE ENGINE SUPPORT SYSTEMS</b>	
Is the applicant able to diagnose and repair advanced wiring and electronics?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair gasoline fuel delivery and injection systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair gasoline ignition systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair engine management systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair gasoline intake and exhaust systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No

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Job Tasks (47)	Declaration Response
Is the applicant able to diagnose and repair gasoline emissions control systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
<b>DIAGNOSE AND REPAIR DIESEL ENGINE SUPPORT SYSTEMS</b>	
Is the applicant able to diagnose and repair diesel fuel delivery and injection systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair diesel intake and exhaust systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair diesel emissions control systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
<b>DIAGNOSE AND REPAIR VEHICLE NETWORKING SYSTEMS</b>	
Is the applicant able to identify types of networking system?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair networking systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
<b>DIAGNOSE AND REPAIR DRIVELINE SYSTEMS</b>	
Is the applicant able to diagnose and repair drive shafts and axles?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair manual transmissions and transaxles?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair automatic transmissions and transaxles?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair clutches?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair mechanical transfer cases?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair all-wheel drive (AWD) systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair final drive assemblies?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
<b>DIAGNOSE AND REPAIR ELECTRICAL SYSTEMS AND COMPONENTS</b>	
Is the applicant able to diagnose and repair basic wiring and electrical systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair starting and charging systems and batteries?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair lighting and wiper systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair electrical options and accessories?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair instrumentation, entertainment systems and displays?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
<b>DIAGNOSE AND REPAIR HEATING, VENTILATION AND AIR CONDITIONING (HVAC) AND COMFORT CONTROL SYSTEMS</b>	
Is the applicant able to diagnose and repair air flow control and heating systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair refrigerant systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
<b>DIAGNOSE AND REPAIR STEERING AND SUSPENSION, BRAKING, CONTROL SYSTEMS, TIRES, WHEELS, HUBS AND WHEEL BEARINGS</b>	
Is the applicant able to diagnose and repair steering and control systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair suspension and control systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair braking and control systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No

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Job Tasks (47)	Declaration Response
Is the applicant able to diagnose and repair tires, wheels, hubs and wheel bearings?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
<b>DIAGNOSE AND REPAIR RESTRAINT SYSTEMS, BODY COMPONENTS, ACCESSORIES AND TRIM</b> Is the applicant able to diagnose and repair restraint systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair wind noises, rattles and water leaks?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair interior and exterior components, accessories and trim?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair latches, locks and movable glass?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
<b>DIAGNOSE AND REPAIR HYBRID AND ELECTRIC VEHICLES (EV)</b> Is the applicant able to implement specific safety protocols for hybrid and electric vehicles (EV)?	<input type="checkbox"/> Yes: <input type="checkbox"/> No
Is the applicant able to diagnose and repair hybrid and electric vehicle (EV) systems?	<input type="checkbox"/> Yes: <input type="checkbox"/> No

### 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)

*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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