

This form is used to declare work experience for periods of employment and 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 for each period of employment.

This form is not to be used for periods of self-employment. 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 **4,500 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 in Heavy Duty Equipment Technician or Truck and Transport Mechanic** will be eligible to challenge this certification by documenting **3,000 hours** of directly related work experience.

Holders of a **Certificate of Qualification in Transport Trailer Technician** will be eligible to challenge this certification by documenting **3,750 hours** of directly related work experience.

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: |
|-------------------|-----------------------|------------------|

B. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

| | | |
|---|----------|------------------------|
| Name of Organization/Employer/Business: | | |
| Mailing Address: | | City: |
| Province/ State: | Country: | Postal Code/ Zip Code: |
| Business Phone Number: () | Website: | |

Enter the dates and number of hours for this period of employment.

| | |
|--|--|
| Dates of Applicant's Employment (MM/DD/YYYY): From: To: | Total Number Hours of Diesel Engine Mechanic Experience Accumulated in that Period: |
|--|--|

Enter the supervisor and applicant names (repeat on every page of this form)

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|---------------------------------|--------------------------------|
| Supervisor First and Last Name: | Applicant First and Last Name: |
|---------------------------------|--------------------------------|

Job Title of Applicant:

C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

| | |
|---|-------------------------------|
| First and Last Name of Applicant's Direct Supervisor: | Supervisor Position or Title: |
| Supervisor's Phone Number: () | Supervisor E-Mail Address: |
| Language(s) that the employer/supervisor can communicate: (check all that apply) | |
| <input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____ | |

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

| Job Tasks (7) | Declaration Response |
|--|---|
| WORK PRACTICES AND PROCEDURES Including: Use shop resources and record keeping practices, use hand tools, power tools and shop equipment's, lift loads, use fasteners and fittings, use lubricants, use shielded SMAW equipment, operator equipment and apply diagnostic procedures. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| ALTERNATE BRAKE SYSTEMS Including: Service engine brakes, exhaust brakes and hydraulic retarders. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| DIESEL ENGINES Including: Install, service, repair, overhaul, troubleshoot and remove diesel engines, service engine support systems, diagnose and repair internal combustion engines and perform start-up procedures and running checks. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| ELECTRICAL AND ELECTRONIC SYSTEMS Including: Apply principles of electricity and identify common electrical and electronic components, use electrical testing equipment, service electrical and electronic circuits and systems, batteries, starting systems, ignitions systems and electrical and electronic alarm systems. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| SPARK IGNITION ENGINES Including: Service gasoline fuel systems and ignition systems, propane fuel systems, natural gas fuel systems, and emission systems. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| MECHANICAL DIESEL FUEL SYSTEMS | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

Enter the supervisor and applicant names (repeat on every page of this form)

| | |
|---------------------------------|--------------------------------|
| Supervisor First and Last Name: | Applicant First and Last Name: |
|---------------------------------|--------------------------------|

DIESEL ENGINE MECHANIC

**EMPLOYER DECLARATION
OF WORK EXPERIENCE**

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Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@skilledtradesbc.ca

| Job Tasks (7) | Declaration Response |
|---|---|
| Including: Apply the principles of diesel fuel injection, service fuel supply circuits, fuel pump governors, high pressure fuel injections pumps, hydraulic fuel injectors, Cummins (P.T.) fuel systems, unit injector fuel injection systems and test engine performance. | |
| SERVICE ELECTRONIC DIESEL FUEL SYSTEMS Including: Apply the principles of electronic diesel fuel injection, service electronic inline multiplunger injection systems, electronic distributor pump injection systems, electronic unit injector systems, hydraulic electronic unit injector systems, electronic common rail high pressure injection systems, emission systems, emerging electronic fuel injection systems and analyze common electronic diesel engine performance and problems. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

E. 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) |
|---------------------------------|-----------------------|---------------------------|

Enter the supervisor and applicant names (repeat on every page of this form)

| | |
|---------------------------------|--------------------------------|
| Supervisor First and Last Name: | Applicant First and Last Name: |
|---------------------------------|--------------------------------|