

**EMPLOYER DECLARATION  
OF WORK EXPERIENCE**

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 **7,200 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 Inboard/ Outboard Mechanic, Automotive Service Technician, Motorcycle Technician, Heavy Duty Equipment Technician, Truck and Transport Mechanic, or Diesel Engine Mechanic** will be eligible to challenge this certification by documenting **4,950 hours** of directly related Marine Mechanical Technician work experience.

Holders of a **Certificate of Qualification in Marine Service Technician** will be eligible to challenge this certification by documenting **6,075 hours** of directly related Marine Mechanical Technician 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:
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## 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 <b>Marine Mechanical Technician</b> Experience Accumulated in that Period:
Job Title of Applicant:	

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

Supervisor First and Last Name:	Applicant First and Last Name:
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### 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 (6)	Declaration Response
<b>OCCUPATIONAL SKILLS</b> Includes: Using tools and equipment; performing maintenance and inspections; and analyzing and processing information	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>HYDRAULIC STSTEMS</b> Includes: Diagnosing and repairing hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>MARINE DRIVE SYSTEMS</b> Includes: Diagnosing and repairing marine drive systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>STEERING SYSTEMS</b> Includes: Diagnosing and repairing mechanical, hydraulic and electric steering systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>ELECTRICAL AND ELECTRONIC SYSTEMS</b> Includes: Diagnosing and repairing electrical and electronic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>VESSEL SYSTEMS</b> Includes: Installation, Diagnosing and repairing domestic plumbing, HVAC systems, structural components, attachments and accessories	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:
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**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)
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*Enter the supervisor and applicant names (repeat on every page of this form)*

Supervisor First and Last Name:	Applicant First and Last Name:
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