

### EMPLOYER 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 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 **8,700 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

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 E	mployment (MM/DD/YYYY):	Total Number Hours of <b>Motorcycle Technician</b> Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

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.

Firs	and Last Name of Applicant's Direct Supervis	or:	Supervisor Position or Title:
Sup (	ervisor's Phone Number: )		Supervisor E-Mail Address:
Lan	guage(s) that the employer/supervisor can con	municate: (check all t	hat apply)
	English	Other (please spec	ify):

### 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 (114)	Declar Respo	
PERFORMS SAFETY-RELATED FUNCTIONS Maintains safe work environment	Yes: No:	
Uses personal protective equipment (PPE) and safety equipment	Yes: No:	
PERFORMS ROUTINE WORK PRACTICES Uses trade-related consumables	Yes: No:	
Performs periodic maintenance	Yes: No:	
Performs storage procedures	Yes: No:	
Prepares new motorcycles	Yes: No:	
Conducts safety inspection	Yes: No:	
Verifies repairs	Yes: No:	
USES TOOLS, EQUIPMENT, AND DOCUMENTATION Uses diagnostic tools and equipment	Yes: No:	

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ob Tasks (114)		Declaration Response	
Uses precision measuring instruments	Yes: No:		
Uses hand tools	Yes: No:		
Uses heating/cutting tools and equipment	Yes: No:		
Uses pneumatic and electric power tools and equipment	Yes: No:		
Uses shop equipment	Yes: No:		
Uses documentation	Yes: No:		
USES COMMUNICATION AND MENTORING TECHNIQUES Uses communication techniques	Yes: No:		
Uses mentoring techniques	Yes: No:		
DIAGNOSES CHASSIS AND COMPONENTS Diagnoses frame	Yes: No:		
Diagnoses steering head	Yes: No:		
Diagnoses steering systems for three-wheel motorcycles	Yes: No:		
Diagnoses handle bars, foot rests and controls	Yes: No:		
Diagnoses chassis ancillary and accessory components	Yes: No:		
SERVICES CHASSIS AND COMPONENTS Services frame	Yes: No:		
Services steering head	Yes: No:		

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Job Tasks (114)		ration oonse
Services steering systems for three-wheel motorcycles	Yes: No:	
Services handle bars, foot rests and controls	Yes: No:	
Services chassis ancillary and accessory components	Yes: No:	
DIAGNOSES SUSPENSION SYSTEMS Diagnoses front suspension components	Yes: No:	
Diagnoses front suspension components for three-wheel motorcycles	Yes: No:	
Diagnoses rear suspension components	Yes: No:	
Diagnoses swing arm	Yes: No:	
SERVICES SUSPENSION SYSTEMS Services front suspension components	Yes: No:	
Services front suspension components for three-wheel motorcycles	Yes: No:	
Services rear suspension components	Yes: No:	
Services swing arm	Yes: No:	
DIAGNOSES WHEELS AND TIRES Diagnoses tires	Yes: No:	
Diagnoses spoked wheels	Yes: No:	
Diagnoses one-piece wheels	Yes: No:	
Diagnoses multi-piece wheels	Yes: No:	

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ob Tasks (114)		Declaration Response	
SERVICES WHEELS AND TIRES	V		
Services tires	Yes No	_	
Services spoked wheels	Yes		
Services one-piece wheels	Yes	:	
	No	: 🗆	
Services multi-piece wheels	Yes No		
DIAGNOSES BRAKING SYSTEMS	Yes	:	
Diagnoses hydraulic braking systems	No	_	
Diagnoses mechanical braking systems	Yes	: 🗆	
	No	: 🗆	
Diagnoses braking control systems	Yes		
SERVICES BRAKING SYSTEMS	Yes	:	
Services hydraulic braking systems	No	_	
Services mechanical braking systems	Yes	: 🗆	
	No	: 🗆	
Services braking control systems	Yes	: 🗆	
	No	: 🗆	
DIAGNOSES TWO-STROKE AND FOUR-STROKE ENGINES Diagnoses cylinder heads	Yes	: 🗆	
Dignoses cymaet neuds	No	: 🗆	
Diagnoses valve systems on two-stroke engine	Yes	: 🗆	
	No	: 🗆	
Diagnoses valve train on four-stroke engine	Yes	: 🗆	
	No	: 🗆	
Diagnoses cylinders and pistons	Yes		
	No	: 🗆	
Diagnoses crankshaft assembly	Yes		
	No	: 🗆	

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

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 Applicant First and Last Name:



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Job Tasks (114)		ration onse
Diagnoses counterbalance assemblies	Yes: No:	
Diagnoses engine cases	Yes: No:	
Diagnoses lubrication system	Yes: No:	
Diagnoses cooling system	Yes: No:	
SERVICES TWO-STROKE AND FOUR-STROKE ENGINES Services cylinder heads on four-stroke engine	Yes: No:	
Services valve systems on two-stroke engine	Yes: No:	
Services valve train on four-stroke engine	Yes: No:	
Services cylinders and pistons	Yes: No:	
Services crankshaft assembly	Yes: No:	
Services counterbalance assemblies	Yes: No:	
Services engine cases	Yes: No:	
Services lubrication system	Yes: No:	
Services cooling system	Yes: No:	
DIAGNOSES CLUTCHES AND PRIMARY DRIVE Diagnoses primary drive and driven gears	Yes: No:	
Diagnoses primary drive chain and sprockets	Yes: No:	

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Job Tasks (114)	Decla Resp	ration onse
Diagnoses primary drive belt and pulleys	Yes: No:	
Diagnoses manual clutches	Yes: No:	
Diagnoses automatic clutches	Yes: No:	
Diagnoses kick start	Yes: No:	
SERVICES CLUTCHES AND PRIMARY DRIVE Services primary drive and driven gears	Yes: No:	
Services primary drive chain and sprockets	Yes: No:	
Services primary drive belt and pulleys	Yes: No:	
Services manual clutches	Yes: No:	
Services automatic clutches	Yes: No:	
Services kick start	Yes: No:	
DIAGNOSES TRANSMISSIONS Diagnoses constant mesh transmissions	Yes: No:	
Diagnoses continuously variable transmission (CVT)	Yes: No:	
SERVICES TRANSMISSIONS Services constant mesh transmissions	Yes: No:	
Services continuously variable transmission	Yes: No:	
DIAGNOSES FINAL DRIVE Diagnoses final drive chain and sprockets	Yes: No:	

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Job Tasks (114)		ration onse
Diagnoses final drive shaft and gears	Yes: No:	
Diagnoses final drive belt and pulleys	Yes: No:	
SERVICES FINAL DRIVE Diagnoses final drive chain and sprockets	Yes: No:	
Services final drive shaft and gears	Yes: No:	
Services final drive belt and pulleys	Yes: No:	
DIAGNOSES ELECTRICAL SYSTEMS Diagnoses battery and charging system	Yes: No:	
Diagnoses electrical ancillary and accessory components	Yes: No:	
Diagnoses wiring harness systems	Yes: No:	
Diagnoses ignition system	Yes: No:	
Diagnoses electric starting system	Yes: No:	
SERVICES ELECTRICAL SYSTEMS Services battery and charging system	Yes: No:	
Services electrical ancillary and accessory components	Yes: No:	
Services wiring harness systems	Yes: No:	
Services ignition system	Yes: No:	
Services electric starting system	Yes: No:	

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Job Tasks (114)		Declaration Response	
DIAGNOSES VEHICLE MANAGEMENT SYSTEMS Reads fault codes	Yes: No:		
Interprets fault code	Yes: No:		
Tests system circuitry and components	Yes: No:		
SERVICES VEHICLE MANAGEMENT SYSTEMS Updates software	Yes: No:		
Services system circuitry and components	Yes: No:		
DIAGNOSES FUEL AND EXHAUST SYSTEMS Diagnoses fuel tanks and components	Yes: No:		
Diagnoses air delivery system	Yes: No:		
Diagnoses carburetor system	Yes: No:		
Diagnoses fuel injection system	Yes: No:		
Diagnoses exhaust system	Yes: No:		
SERVICES FUEL AND EXHAUST SYSTEMS Services fuel tanks and components	Yes: No:		
Services air delivery system	Yes: No:		
Services carburetor system	Yes: No:		
Services fuel injection system	Yes: No:		
Services exhaust system	Yes: No:		

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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)

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

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