

**MOTORCYCLE MECHANIC  
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 **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**

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): From: To:	Total Number Hours of <b>Motorcycle Technician</b> Experience Accumulated in that Period:
Job Title of Applicant:	

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

**MOTORCYCLE MECHANIC  
STATUTORY DECLARATION  
OF WORK EXPERIENCE**

**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.

<b>Job Tasks (114)</b>	<b>Declaration Response</b>
<b>PERFORMS SAFETY-RELATED FUNCTIONS</b> Maintains safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses personal protective equipment (PPE) and safety equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>PERFORMS ROUTINE WORK PRACTICES</b> Uses trade-related consumables	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs periodic maintenance	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Performs storage procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepares new motorcycles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Conducts safety inspection	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

**MOTORCYCLE MECHANIC**  
**STATUTORY DECLARATION**  
**OF WORK EXPERIENCE**

<b>Job Tasks (114)</b>	<b>Declaration Response</b>
Verifies repairs	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USES TOOLS, EQUIPMENT, AND DOCUMENTATION</b> Uses diagnostic tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses precision measuring instruments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses hand tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses heating/cutting tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses pneumatic and electric power tools and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses shop equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses documentation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>USES COMMUNICATION AND MENTORING TECHNIQUES</b> Uses communication techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Uses mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DIAGNOSES CHASSIS AND COMPONENTS</b> Diagnoses frame	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses steering head	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses steering systems for three-wheel motorcycles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses handle bars, foot rests and controls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses chassis ancillary and accessory components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICES CHASSIS AND COMPONENTS</b> Services frame	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

**MOTORCYCLE MECHANIC**  
**STATUTORY DECLARATION**  
**OF WORK EXPERIENCE**

<b>Job Tasks (114)</b>	<b>Declaration Response</b>
Services steering head	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services steering systems for three-wheel motorcycles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services handle bars, foot rests and controls	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services chassis ancillary and accessory components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DIAGNOSES SUSPENSION SYSTEMS</b> Diagnoses front suspension components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses front suspension components for three-wheel motorcycles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses rear suspension components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses swing arm	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICES SUSPENSION SYSTEMS</b> Services front suspension components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services front suspension components for three-wheel motorcycles	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services rear suspension components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services swing arm	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DIAGNOSES WHEELS AND TIRES</b> Diagnoses tires	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses spoked wheels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses one-piece wheels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses multi-piece wheels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

**MOTORCYCLE MECHANIC**  
**STATUTORY DECLARATION**  
**OF WORK EXPERIENCE**

<b>Job Tasks (114)</b>	<b>Declaration Response</b>
<b>SERVICES WHEELS AND TIRES</b> Services tires	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services spoked wheels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services one-piece wheels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services multi-piece wheels	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DIAGNOSES BRAKING SYSTEMS</b> Diagnoses hydraulic braking systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses mechanical braking systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses braking control systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICES BRAKING SYSTEMS</b> Services hydraulic braking systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services mechanical braking systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services braking control systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DIAGNOSES TWO-STROKE AND FOUR-STROKE ENGINES</b> Diagnoses cylinder heads	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses valve systems on two-stroke engine	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses valve train on four-stroke engine	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses cylinders and pistons	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses crankshaft assembly	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

**MOTORCYCLE MECHANIC**  
**STATUTORY DECLARATION**  
**OF WORK EXPERIENCE**

<b>Job Tasks (114)</b>	<b>Declaration Response</b>
Diagnoses counterbalance assemblies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses engine cases	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses lubrication system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses cooling system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICES TWO-STROKE AND FOUR-STROKE ENGINES</b> Services cylinder heads on four-stroke engine	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services valve systems on two-stroke engine	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services valve train on four-stroke engine	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services cylinders and pistons	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services crankshaft assembly	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services counterbalance assemblies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services engine cases	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services lubrication system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services cooling system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DIAGNOSES CLUTCHES AND PRIMARY DRIVE</b> Diagnoses primary drive and driven gears	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses primary drive chain and sprockets	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses primary drive belt and pulleys	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

**MOTORCYCLE MECHANIC**  
**STATUTORY DECLARATION**  
**OF WORK EXPERIENCE**

<b>Job Tasks (114)</b>	<b>Declaration Response</b>
Diagnoses manual clutches	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses automatic clutches	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses kick start	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICES CLUTCHES AND PRIMARY DRIVE</b> Services primary drive and driven gears	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services primary drive chain and sprockets	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services primary drive belt and pulleys	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services manual clutches	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services automatic clutches	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services kick start	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DIAGNOSES TRANSMISSIONS</b> Diagnoses constant mesh transmissions	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses continuously variable transmission (CVT)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICES TRANSMISSIONS</b> Services constant mesh transmissions	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services continuously variable transmission	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DIAGNOSES FINAL DRIVE</b> Diagnoses final drive chain and sprockets	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses final drive shaft and gears	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

**MOTORCYCLE MECHANIC**  
**STATUTORY DECLARATION**  
**OF WORK EXPERIENCE**

<b>Job Tasks (114)</b>	<b>Declaration Response</b>
Diagnoses final drive belt and pulleys	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICES FINAL DRIVE</b> Diagnoses final drive chain and sprockets	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services final drive shaft and gears	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services final drive belt and pulleys	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DIAGNOSES ELECTRICAL SYSTEMS</b> Diagnoses battery and charging system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses electrical ancillary and accessory components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses wiring harness systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses ignition system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses electric starting system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICES ELECTRICAL SYSTEMS</b> Services battery and charging system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services electrical ancillary and accessory components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services wiring harness systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services ignition system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services electric starting system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DIAGNOSES VEHICLE MANAGEMENT SYSTEMS</b> Reads fault codes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interprets fault code	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------



**MOTORCYCLE MECHANIC**  
**STATUTORY DECLARATION**  
**OF WORK EXPERIENCE**

<b>Job Tasks (114)</b>	<b>Declaration Response</b>
Tests system circuitry and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICES VEHICLE MANAGEMENT SYSTEMS</b> Updates software	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services system circuitry and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>DIAGNOSES FUEL AND EXHAUST SYSTEMS</b> Diagnoses fuel tanks and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses air delivery system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses carburetor system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses fuel injection system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnoses exhaust system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SERVICES FUEL AND EXHAUST SYSTEMS</b> Services fuel tanks and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services air delivery system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services carburetor system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services fuel injection system	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Services exhaust system	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)
--------------------------------	----------------------	--------------------

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------

**MOTORCYCLE MECHANIC**  
**STATUTORY DECLARATION**  
**OF WORK EXPERIENCE**

**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:	

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
-------------------	-----------------------	------------------