

RAILWAY CAR TECHNICIAN

EMPLOYER DECLARATION OF WORK EXPERIENCE

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 **6,000 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant’s work experience in this trade. This form 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 by each Employer listed on the applicant’s completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

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. Supervisor Contact Information

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

Name of Organization/Employer/Business:		
First and Last Name of Applicant’s Direct Supervisor:		Supervisor Position or Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ()	Mobile Phone Number: ()	Supervisor E-Mail Address:

C. Employment Information of Applicant

Dates of Applicant’s Employment (MM/DD/YYYY): From: _____ To: _____		Total Number Hours of Railway Car Technician Experience Accumulated in that Period:
Job Title of Applicant:		

Enter the Supervisor and Applicant names from Page 1 on every page of this form

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

D. Supervisor Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks	Declaration Response
PERFORM OCCUPATIONAL SKILLS	
Use personal protective equipment, maintain safe work environment, paint rail equipment and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use tools, rigging and lifting equipment, welding and cutting equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Bend/fit air, water and pneumatic pipes, perform thread cutting, use fasteners, adhesives, sealants, lubricants, gaskets	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use computers, communicate with others, plan daily tasks per work assignment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use technical documents, interpret regulatory documents	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Transport and set up cranes and hoisting equipment, use load charts and engineered lift-plans to organize lift and advise crew, operate crane and boom trucks per applicable regulations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Design/ lay out railcar parts and components for fabrication, verify fit and finish of fabricated railcar part/component	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
DIAGNOSE / SERVICE UNDERFRAME SYSTEMS	
Diagnose and service freight-car and passenger-car wheel /axle assemblies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect and/or assemble/disassemble knuckles, yokes, draft gears and associated components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Recondition couplers, knuckles, yokes and other equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect/service centre-of-car and end-of-car cushion units	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose/service chassis and chassis components, centre sill, underframe trucks	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
DIAGNOSE / SERVICE BRAKE SYSTEMS	
Diagnose and service air-brake system and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks	Declaration Response
Service air-brake system consumables	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose and service hand-brake system and components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
DIAGNOSE / SERVICE RAILCAR BODIES AND UNITS	
Diagnose and service freight cars: Gondola-car components; Bulkhead/ flatcar components; Intermodal components; Hopper-car components; Boxcar components; Autorack-car components; Tanker-car components; Caboose components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose and service passenger cars: Baggage-car bodies; Domed (park/skyline) - car bodies; Coach-car components; Diner-car components; Sleeper-car components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
DIAGNOSE / SERVICE CLIMATE CONTROL AND PLUMBING SYSTEMS	
Assist in removal, reinstallation and replacement of air conditioning and heating-system components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose/service caboose-heater	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose/service pumps, hoses and related components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diagnose/service tanks and related components	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
YARD SYSTEMS	
Set up and use rerailers (replacers)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate jacks to rerail cars	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate crane to rerail cars	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate railcar-movers, switches and derails	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply Transport Canada specifications re: CCI responsibilities, monitor/report violations per regulatory requirements, participate in Joint Inspection Procedure to identify defects and remedies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Supervisor First and Last Name:	Applicant First and Last Name:
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E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, the applicant must prove the required prerequisite credentials.

There are no prerequisite credentials or certificates for this trade.

F. 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 from Page 1 on every page of this form

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