

TRUCK AND TRANSPORT MECHANIC

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

Legal Last Name:

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 **9,540 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** will be eligible to challenge this certification by documenting **5,040 hours** of directly related work experience.

Legal Middle Name(s):

Holders of a **Certificate of Qualification** in **Transport Trailer Technician or Diesel Engine Mechanic** will be eligible to challenge this certification by documenting **8,040 hours** of directly related work experience.

Holders of a military certificate in Vehicle Technician MT #129 / MT #411, QL5 or higher will be eligible to challenge this certification.

A. Applicant Name

Legal First Name:

Enter the name of the individual for whom this form is being completed.

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

B. Employment Informat Enter the business information for the		lared for this trade.	
Name of Organization/Employer/Busine	ss:		
Mailing Address:		City:	
Province/ State:	Country:	Postal Code/ Zip Code:	
Frovince/ State.	Country.	rostal 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):		Total Number Hours of Truck and Transport Mechanic Experience Accumulated in that Period:	
From:	Го:		

Applicant First and Last Name:

Job Title of Applicant:

Supervisor First and Last Name:



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C. Supervisor Contact Information

First and Last Name of Applicant's Direct Supervisor:

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.

Supervisor Position or Title:

ervisor's Phone Number: Supervisor E-Mail Address:				
Language(s) that the employer/supervisor can communicate: (check all t	hat apply)			
English Other (please specify):				
D. Supervisor Declaration of Job Task Performa	ance of Applicant			
By checking "Yes" or "No" in the Declaration Response column, indipersonally witnessed the applicant performing the job tasks listed.	cate whether you, as the direct supervisor of the applicant	, have		
Job Tasks (8)		Declar Respo		
Occupational Skills				
Includes: Completing maintenance records and documents; operating and maintaining tools and equipment; inspecting and cleaning vehicle components; conducting road tests; and maintaining vehicle.				
Chassis and Frames		Yes:		
Includes: Modifying length and height of frames; and working on suspensions, hitches, and couplers.		No:		
Air Systems, Brakes, and Steering		Yes:		
Includes: Working on air systems, braking systems, steering s	ystems, and tires, wheels, rims and hubs.	No:		
Electrical and Electronic Systems		Yes:		
Includes: Working on electrical systems; charging systems; starting systems; ignition systems; electrical conductors and connectors; electronic components, and electrical and electronic accessories.				
Cab and Body				
Includes: Working on heating, ventilation, air conditioning and refrigeration systems; trailer bodies; and cab body and trim.		Yes: No:		
Engine and Supporting Systems				
Includes: Working on engines; cooling systems; lubrication systems; fuel systems; intake, exhaust and emission		Yes: No:		
systems; and auxiliary braking systems.			П	
Enter the supervisor and applicant names (repeat on every page of the	his form)			
Supervisor First and Last Name: Ap	oplicant First and Last Name:			



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Job Tasks (8)			Declaration Response	
Drive Train			Yes:	
Includes: Working on clutches; standard transmissions; automatic transmissions; drive lines; and differentials and transfer cases.				
Accessories				
Includes: Working on accessories and hydraulic systems.				
E. Supervisor Signature I certify that the information I, as the current or former protection of personal information on this form is in Act.)	er direct supervisor of the applicant, h accordance with the provisions of the	nave provided is accurate. (Note: C Freedom of Information and Prote	ollection and ction of Privacy	
Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM	M/DD/YYYY)	
Enter the supervisor and applicant names (repeat on	every page of this form)			
Supervisor First and Last Name:	Applicant First and Last I	Name:		