

# RECREATION VEHICLE SERVICE TECHNICIAN

## STATUTORY 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 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 **7,020 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:<br>( )           | 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):<br>From: To: | Total Number Hours of <b>Recreation Vehicle Service Technician</b><br>Experience Accumulated in that Period: |
| Job Title of Applicant:                        |  |

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### 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 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.

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### 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.

| Job Tasks (88)   | Declaration Response  |
|--|---|
| <b>PERFORMS SAFETY-RELATED ACTIVITIES</b><br>Uses personal protective equipment (PPE) and safety equipment | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Maintains safe work environment  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>USES AND MAINTAINS TOOLS AND EQUIPMENT</b><br>Uses tools and equipment                                  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Uses lifting, moving and access equipment  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>PERFORMS COMMON WORK PRACTICES AND PROCEDURES</b><br>Uses documents                                     | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Identifies recalls and service bulletins   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |

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

|                   |                       |                  |
|-------------------|-----------------------|------------------|
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| <br>              | <br>                  | <br>             |

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| Job Tasks (88)  | Declaration Response  |
|---|---|
| Performs pre-delivery inspections (PDI)   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>USES COMMUNICATION AND MENTORING TECHNIQUES</b><br>Uses communication techniques | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Uses mentoring techniques   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>DIAGNOSES PLUMBING SYSTEMS</b><br>Diagnoses potable water systems                | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses waste water systems   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES POTABLE WATER SYSTEMS</b><br>Maintains potable water systems            | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs potable water systems   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs potable water systems  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES WASTE WATER SYSTEMS</b><br>Maintains waste water systems                | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs waste water systems   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs waste water systems  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>DIAGNOSES ELECTRICAL SYSTEMS</b><br>Diagnoses AC electrical systems              | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses DC electrical systems   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses generators  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES AC ELECTRICAL SYSTEMS</b><br>Maintains AC electrical systems            | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs AC electrical systems   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |

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| Job Tasks (88)   | Declaration Response  |
|--|---|
| Installs AC electrical systems   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES DC ELECTRICAL SYSTEMS</b><br>Maintains DC electrical systems                                 | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs DC electrical systems  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs DC electrical systems   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES GENERATORS</b><br>Maintains generators   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs generators  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>DIAGNOSES LIQUEFIED PETROLEUM (LP) GAS SYSTEMS</b><br>Diagnoses LP gas supply systems (high pressure) | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses LP gas distribution systems (low pressure)   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES LP GAS SYSTEMS</b><br>Maintains LP gas systems   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs LP gas systems   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs LP gas systems  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>DIAGNOSES APPLIANCES</b><br>Diagnoses water heaters   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses furnaces   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses cooktops and ranges  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses refrigerators and ice makers   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses air conditioners and heat pumps  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |

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|--|---|
| <b>SERVICES WATER HEATERS</b><br>Maintains water heaters   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs water heaters  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs water heaters   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES FURNACES</b><br>Maintains furnaces   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs furnaces   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs furnaces  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES COOKTOPS AND RANGES</b><br>Maintains cooktops and ranges                               | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs cooktops and ranges  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs cooktops and ranges   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES REFRIGERATORS AND ICE MAKERS</b><br>Maintains refrigerators and ice makers             | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs refrigerators and ice makers   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs refrigerators and ice makers  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES AIR CONDITIONERS (A/C) AND HEAT PUMPS</b><br>Maintains air conditioners and heat pumps | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs air conditioners and heat pumps  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs air conditioners and heat pumps   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES CONSUMER PRODUCTS</b><br>Replaces consumer products                                    | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |

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|--|---|
| Installs consumer products   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>DIAGNOSES INTERIOR AND EXTERIOR COMPONENTS</b><br>Diagnoses interior components | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses exterior components  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES INTERIOR COMPONENTS</b><br>Maintains interior components               | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs interior components  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs interior components   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES EXTERIOR COMPONENTS</b><br>Maintains exterior components               | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs exterior components  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs exterior components   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>DIAGNOSES FRAMES AND MECHANICAL COMPONENTS</b><br>Diagnoses frames              | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses running gear   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses levelling systems  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses slide-out systems  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses lifting systems  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES FRAMES</b><br>Maintains frames   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |

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| Job Tasks (88)   | Declaration Response  |
|--|---|
| Repairs frames   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES RUNNING GEAR</b><br>Maintains running gear               | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs running gear   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES LEVELLING SYSTEMS</b><br>Maintains levelling systems     | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs levelling systems  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs levelling systems   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES SLIDE-OUT SYSTEMS</b><br>Maintains slide-out systems     | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs slide-out systems  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES LIFTING SYSTEMS</b><br>Maintains lifting systems         | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs lifting systems  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>DIAGNOSES TOWING SYSTEMS</b><br>Diagnoses tow vehicle systems     | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Diagnoses towed vehicle systems                                      | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| <b>SERVICES TOW VEHICLE SYSTEMS</b><br>Maintains tow vehicle systems | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs tow vehicle systems  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs tow vehicle systems   | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |

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| Job Tasks (88)   | Declaration Response  |
|--|---|
| <b>SERVICES TOWED VEHICLE SYSTEMS</b><br>Maintains towed vehicle systems | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Repairs towed vehicle systems  | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |
| Installs towed vehicle systems   | Yes: <input type="checkbox"/><br>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)*

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### 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:   |   |

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