

PARTS TECHNICIAN EMPLOYER DECLARATION OF WORK EXPERIENCE

WORK EXPERIENC.

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.

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 **7,695 hours** performing the tasks listed in Section D of the form, and
- experience performing at least **70%** of the job tasks listed in Section D of the form.

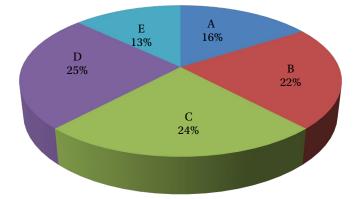
Holders of a **Certificate of Qualification in Parts and Warehousing 1** or **Parts Technician 1** will be eligible to challenge this certification by documenting **6,015 hours** of directly related work experience.

Holders of a **Certificate of Qualification in Partsperson 2 or Parts Technician 2** will be eligible to challenge this certification by documenting **4,335 hours** of directly related work experience.

Red Seal Exam Weighting

This pie chart represents the distribution of questions on the Red Seal Exam. Section D of this form shows the Tasks and Sub-tasks within each Major Work Activity.

The Red Seal Exam for this trade has 120 questions.



Major Work Activity / Exam Section	Exam Weightage
A-Performs common occupational skills	16
B-Performs customer service	22
C-Performs parts acquisition	24
D-Performs warehousing and inventory	25
E-Applies business practices	13

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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 Em	ployment (MM/DD/YYYY):	Total Number Hours of Parts Technician Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

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.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:	
Supervisor's Phone Number: ()	Supervisor E-Mail Address:	
Language(s) that the employer/supervisor can communicate: (check all that apply)		
English	er (please specify):	

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

Supervisor First and Last Name:	Applicant First and Last Name:
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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 (53)	DECLA	RVISOR RATION PONSE
PERFORMS COMMON OCCUPATIONAL SKILLS (16%)		
Task-1 Performs safety-related functions		
Maintains safe work environment	Yes	🗌 No
Uses personal protective equipment (PPE) and safety equipment	🗌 Yes	🗌 No
Task-2 Uses tools and equipment		
Uses catalogs and price lists	Yes	🗌 No
Uses hand tools	Yes	🗌 No
Operates power tools	Yes	🗌 No
Operates warehouse tools and equipment	Yes	□ No
Uses measuring and testing tools and equipment	Yes	🗌 No
Operates business machines	Yes	□ No
Uses computers and digital devices	☐ Yes	 □ No
Task-3 Organizes work		
Uses work-related documents	☐ Yes	□ No
Prioritizes tasks	☐ Yes	
Task-4 Communicates with others		
Uses communication techniques	☐ Yes	□ No
Uses mentoring techniques	☐ Yes	□ No
PERFORMS CUSTOMER SERVICE (22%)		
Task-5 Provides services to retail customers		
Identifies retail customers' needs	Yes	No
Provides technical information to retail customers	Yes	□ No
Task-6 Provides services to wholesale customers		
Identifies wholesale customers' needs	🗌 Yes	🗌 No

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

Supervisor First and Last Name:

Applicant First and Last Name:



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JOB TASKS (53)	SUPERVISOR DECLARATION RESPONSE	
Provides training opportunities and technical information to wholesale customers	Yes	🗌 No
Task-7 Provides services to internal customers		
Identifies internal customers' needs	Yes	🗌 No
Maintains inventory and records for internal customers	Yes	🗌 No
Task-8 Provides general customer service and support		
Prepares customer quotes	Yes	🗌 No
Provides no-fee value-added services and information	Yes	🗌 No
Records customer information	Yes	🗌 No
Implements product improvement programs (PIP)	Yes	🗌 No
PERFORMS PARTS ACQUISITION (24%)		
Task-9 Identifies parts		
Identifies parts function	Yes	🗌 No
Identifies parts application	Yes	🗌 No
Identifies parts number	Yes	🗌 No
Task-10 Sources parts		
Searches inventory for parts	Yes	🗌 No
Identifies suppliers	Yes	🗌 No
Purchases parts	Yes	🗌 No
Arranges shipment of special orders	Yes	🗌 No
PERFORMS WAREHOUSING AND INVENTORY (25%)		
Task-11 Handles parts and materials		
Maintains storage design layout	Yes	🗌 No
Handles sensitive products	Yes	🗌 No
Rotates inventory	Yes	🗌 No
Places inventory in designated location	Yes	🗌 No
Task-12 Performs inventory control		

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

Supervisor First and Last Name:

Applicant First and Last Name:



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JOB TASKS (53)	DECLA	RVISOR RATION ONSE
Manages core and warranty inventory	Yes	🗌 No
Handles parts inventory recalls	Yes	🗌 No
Maintains inventory levels	🗌 Yes	🗌 No
Participates in periodic physical inventory count	🗌 Yes	🗌 No
Task-13 Performs shipping and receiving duties		
Verifies estimated time of arrival (ETA)	🗌 Yes	🗌 No
Receives incoming shipment	Yes	🗌 No
Resolves order discrepancies	🗌 Yes	🗌 No
Prepares for shipment	🗌 Yes	🗌 No
APPLIES BUSINESS PRACTICES (13%)		
Task-14 Promotes products and services		
Displays products and literature	🗌 Yes	🗌 No
Uses digital marketing	🗌 Yes	🗌 No
Recommends parts and products to customer	Yes	🗌 No
Recommends services to customer	🗌 Yes	🗌 No
Task-15 Implements pricing formula		
Calculates additional costs	Yes	🗌 No
Overrides price	🗌 Yes	🗌 No
Task-16 Processes financial transactions		
Generates invoices	🗌 Yes	🗌 No
Accepts payments	🗌 Yes	🗌 No
Processes customer returns	🗌 Yes	🗌 No
Processes day-end reports	Yes	🗌 No

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

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



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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 true and 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)

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

SkilledTradesBC is an agency of the Government of British Columbia.