

# HEAVY DUTY EQUIPMENT TECHNICIAN

## 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  
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, 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 (CofQ) in **Truck and Transport Mechanic** will be eligible to challenge this certification by documenting **5,040 work-based hours** of directly related work experience.

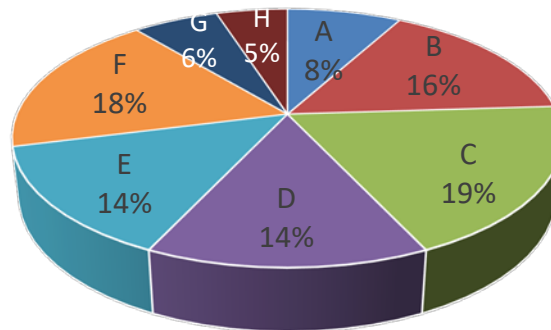
Holders of a Certificate of Qualification (CofQ) in **Transport Trailer Technician or Diesel Engine Mechanic** will be eligible to challenge this certification by documenting **8,040 work-based hours** of directly related work experience.

Holders of a **military certificate in Vehicle Technician MT #129 / MT #411, QL5 or higher** will be eligible to challenge the Heavy Duty Equipment Technician Inter-Provincial Red Seal examination.

### Red Seal Exam Weighting

This pie chart represents the distribution of questions on the Red Seal Exam. The self-assessment on the next pages shows the Tasks and Sub-tasks within each Major Work Activity and the number of questions assigned to each Major Work Activity and Task.

The Red Seal Exam for this trade has **135 questions**.



|   | Major Work Activity / Exam Section                                      | Exam Weightage | Number of Questions in Exam |
|---|---|----------------|-----------------------------|
| A | Common occupational skills  | 8%             | 11                          |
| B | Engines and engine support systems                                      | 16%            | 21                          |
| C | Hydraulic, hydrostatic and pneumatic systems                            | 19%            | 26                          |
| D | Drivetrain systems  | 14%            | 18                          |
| E | Steering, suspension, brake systems, wheel assemblies and undercarriage | 14%            | 20                          |
| F | Electrical and vehicle management systems                               | 18%            | 24                          |
| G | Environmental control systems   | 6%             | 8                           |
| H | Structural components, accessories and attachments                      | 5%             | 7                           |

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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:<br>( )           | Website: |                        |

Enter the dates and number of hours for this period of employment.

|  |  |
|--|--|
| Dates of Applicant's Employment (MM/DD/YYYY):<br>From: To: | Total Number Hours of <b>Heavy Duty Equipment Technician</b><br>Experience Accumulated in that Period: |
| 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:<br>( )   | Supervisor E-Mail Address:    |
| Language(s) that the employer/supervisor can communicate: (check all that apply)        |                               |
| <input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____ |                               |

### 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.

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 TAKS  | Number of questions on the Red Seal exam | SUPERVISOR DECLARATION RESPONSE                          |
|---|--|--|
| <b>A – COMMON OCCUPATIONAL SKILLS 8%</b>  |  |  |
| <b>Task-1 Uses and maintains tools and equipment</b> <ul style="list-style-type: none"> <li>- Maintains tools and equipment.</li> <li>- Uses hoisting and lifting equipment.</li> <li>- Operates access equipment.</li> <li>- Uses personal protective equipment (PPE) and safety equipment</li> </ul>  | 3  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-2 Performs general maintenance and inspections</b> <ul style="list-style-type: none"> <li>- Maintains fluids.</li> <li>- Services fasteners, sealing devices, adhesives and gaskets.</li> <li>- Services hoses, tubing, piping and fittings.</li> <li>- Services bearings and seals.</li> <li>- Services safety features.</li> <li>- Performs scheduled maintenance procedures.</li> <li>- Identifies operational faults.</li> <li>- Performs operational check-out.</li> </ul> | 4  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-3 Organizes work</b> <ul style="list-style-type: none"> <li>- Uses documentation and reference materials.</li> <li>- Completes documentation.</li> <li>- Communicates with others.</li> <li>- Prepares job action plan.</li> <li>- Maintains safe work environment.</li> </ul>  | 2  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-4 Performs routine trade activities</b> <ul style="list-style-type: none"> <li>- Heats materials.</li> <li>- Cools materials.</li> <li>- Cuts materials.</li> <li>- Welds materials.</li> <li>- Cleans parts and materials.</li> </ul>  | 2  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

|                                 |                                |
|---------------------------------|--------------------------------|
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|---|--|--|
| <b>B – ENGINES AND ENGINE SUPPORT SYSTEMS 16%</b>   |  |  |
| <b>Task-5 Diagnoses engines and engine support systems</b> <ul style="list-style-type: none"> <li>- Diagnoses base engine.</li> <li>- Diagnoses lubrication systems.</li> <li>- Diagnoses cooling systems.</li> <li>- Diagnoses intake and exhaust systems.</li> <li>- Diagnoses fuel systems.</li> <li>- Diagnoses engine control systems.</li> <li>- Diagnoses emission control systems.</li> </ul> | 12                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-6 Repairs engines and engine support systems</b> <ul style="list-style-type: none"> <li>- Repairs base engines.</li> <li>- Repairs lubrication systems.</li> <li>- Repairs cooling systems.</li> <li>- Repairs intake and exhaust systems.</li> <li>- Repairs fuel systems.</li> <li>- Repairs engine control systems.</li> <li>- Repairs emission control systems.</li> </ul>                | 9  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>C – HYDRAULIC, HYDROSTATIC AND PNEUMATIC SYSTEMS 19%</b>   |  |  |
| <b>Task-7 Diagnoses hydraulic, hydrostatic and pneumatic systems</b> <ul style="list-style-type: none"> <li>- Diagnoses hydraulic systems.</li> <li>- Diagnoses hydrostatic systems.</li> <li>- Diagnoses pneumatic systems.</li> </ul>   | 16                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-8 Repairs hydraulic, hydrostatic and pneumatic systems</b> <ul style="list-style-type: none"> <li>- Repairs hydraulic systems.</li> <li>- Repairs hydrostatic systems.</li> <li>- Repairs pneumatic systems.</li> </ul>   | 10                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

|                                 |                                |
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|---|--|--|
| <b>D – DRIVETRAIN SYSTEMS 13%</b>   |  |  |
| <b>Task-9 Diagnoses drivetrain systems</b> <ul style="list-style-type: none"> <li>- Diagnoses clutch systems.</li> <li>- Diagnoses torque converters, fluid couplers and retarders.</li> <li>- Diagnoses driveline systems.</li> <li>- Diagnoses transmission and transfer case systems.</li> <li>- Diagnoses axle and differential systems.</li> <li>- Diagnoses final drive systems.</li> </ul> | 11                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-10 Repairs drivetrain systems</b> <ul style="list-style-type: none"> <li>- Repairs clutch systems.</li> <li>- Repairs torque converters, fluid couplers and retarders.</li> <li>- Repairs driveline systems.</li> <li>- Repairs transmission and transfer case systems.</li> <li>- Repairs axle and differential systems.</li> <li>- Repairs final drive systems.</li> </ul>              | 7  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>E – STEERING, SUSPENSION, BRAKE SYSTEMS, WHEEL ASSEMBLIES AND UNDERCARRIAGE 15%</b>  |  |  |
| <b>Task-11 Diagnoses steering, suspension, brake systems, wheel assemblies and undercarriage</b> <ul style="list-style-type: none"> <li>- Diagnoses steering systems.</li> <li>- Diagnoses suspension systems.</li> <li>- Diagnoses brake systems.</li> <li>- Diagnoses wheel assemblies.</li> <li>- Diagnoses undercarriage systems.</li> </ul>  | 11                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-12 Repairs steering, suspension, brake systems, wheel assemblies and undercarriage</b> <ul style="list-style-type: none"> <li>- Repairs steering systems.</li> <li>- Repairs suspension systems.</li> <li>- Repairs brake systems.</li> <li>- Repairs wheel assemblies.</li> </ul>  | 9  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

|                                 |                                |
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|--|--|--|
| - Repairs undercarriage systems.   |  |  |
| <b>F – ELECTRICAL AND VEHICLE MANAGEMENT SYSTEMS 18%</b>   |  |  |
| <b>Task-13 Diagnoses electrical systems</b><br>- Diagnoses starting/charging systems and batteries.<br>- Diagnoses electrical components, motors and accessories.  | 8  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-14 Repairs electrical systems</b><br>- Repairs starting/charging systems and batteries.<br>- Repairs electrical components, motors and accessories.  | 4  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-15 Diagnoses electronic vehicle management systems</b><br>- Reads diagnostic trouble codes (DTCs).<br>- Monitors parameters.<br>- Interprets test results.<br>- Tests system circuitry and components.               | 8  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-16 Repairs electronic vehicle management systems</b><br>- Updates component software.<br>- Repairs components.   | 4  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>G – ENVIRONMENTAL CONTROL SYSTEMS 6%</b>  |  |  |
| <b>Task-17 Diagnoses environmental control systems</b><br>- Diagnoses heating systems.<br>- Diagnoses ventilation and filtration systems.<br>- Diagnoses air conditioning systems.<br>- Diagnoses sound suppression systems. | 5  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-18 Repairs environmental control systems</b><br>- Repairs heating systems.<br>- Repairs ventilation and filtration systems.<br>- Repairs air conditioning systems.<br>- Repairs sound suppression systems.           | 3  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>H – STRUCTURAL COMPONENTS, ACCESSORIES AND ATTACHMENTS 5%</b>   |  |  |

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

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| <b>Task-19 Diagnoses structural components, accessories and attachments</b> <ul style="list-style-type: none"> <li>- Diagnoses structural components.</li> <li>- Diagnoses operator station components.</li> <li>- Diagnoses attachments and accessories.</li> </ul>   | 4  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-20 Repairs structural components, accessories and attachments</b> <ul style="list-style-type: none"> <li>- Performs mechanical repairs on structural components.</li> <li>- Repairs operator station components.</li> <li>- Repairs attachments and accessories.</li> <li>- Installs attachments and accessories.</li> </ul> | 4  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### E. 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) |
|---------------------------------|-----------------------|---------------------------|

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

|                                 |                                |
|---------------------------------|--------------------------------|
| Supervisor First and Last Name: | Applicant First and Last Name: |
|---------------------------------|--------------------------------|