

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 **7,200 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 Inboard/ Outboard Mechanic, Automotive Service Technician, Motorcycle Technician, Heavy Duty Equipment Technician, Truck and Transport Mechanic, or Diesel Engine Mechanic** will be eligible to challenge this certification by documenting **4,950 hours** of directly related Marine Mechanical Technician work experience.

Holders of a **Certificate of Qualification in Marine Service Technician** will be eligible to challenge this certification by documenting **6,075 hours** of directly related Marine Mechanical Technician work experience.

## 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 Employment (MM/DD/YYYY):		Total Number Hours of <b>Marine Mechanical Technician</b> 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)	
<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.

JOB TASKS (76)	SUPERVISOR DECLARATION RESPONSE	
<b>OCCUPATIONAL SKILLS</b>		
Use tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work safely	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Follow safe yard and marina practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operate vessels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use fasteners and fittings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use composites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Select and use lubricants and coolants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>VESSEL SYSTEMS</b>		
Demonstrate an understanding of Thru-hulls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate an understanding of cabin heating systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate an understanding of A/C and refrigeration theory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate an understanding of safe propane installations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate an understanding of davits, hoists and windlasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate an understanding of fire suppression equipment and lock outs	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (76)	SUPERVISOR DECLARATION RESPONSE	
Inspect and repair mechanical and electrical steering systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Install fresh/waste water plumbing systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate an understanding of water makers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service and install bilge pump systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>HYDRAULIC EQUIPMENT</b>		
Demonstrate an understanding of hydraulic theory and system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service and install hydraulic steering systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and repair hydraulic equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>METAL WORKING</b>		
Perform metal fabrication operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use oxy-acetylene torch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>ELECTRICAL</b>		
Demonstrate an understanding of principles of electrical theory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Read and use electrical schematics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use electrical measurement and diagnostic equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate an understanding of storage battery types and applications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Select, install and test batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service and install AC chargers and inverters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose alternators and charging faults	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose engine starters and solenoids	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Install DC electrical wiring and circuits for electrical equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose wiring and electrical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and install alarms, gauges and senders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service and install gensets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>ENGINE SUPPORT SYSTEMS</b>		
Service and install fuel tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect and install fuel lines	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Supervisor First and Last Name:	Applicant First and Last Name:
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# MARINE MECHANICAL TECHNICIAN

## EMPLOYER DECLARATION OF WORK EXPERIENCE

JOB TASKS (76)	SUPERVISOR DECLARATION RESPONSE	
Service fuel pumps and filters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate an understanding of fuels and fuel additives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate an understanding of inboard and I/O exhaust systems types and design	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect and repair exhaust systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate an understanding of engine room/compartment layout and ventilation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>ENGINES</b>		
Demonstrate an understanding of reciprocating engine theory and operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and repair engine cooling systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform leak down, cylinder balance and compression tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disassemble, inspect and reassemble engines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measure engine components and specific machining requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform engine component adjustment procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>BOAT TRAILERS</b>		
Service boat trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>MARINE DRIVE SYSTEMS</b>		
Diagnose propellers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remove and install propellers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Install I/O drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service and diagnose stern drive components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repair transom housings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate an understanding of jet drive and surface piercing drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service inboard drive trains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose inboard transmissions and V-drives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose drive train vibration sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Install and service engine mounting systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and repair O/B drive components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service thrusters and trim tabs	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (76)	SUPERVISOR DECLARATION RESPONSE	
<b>IGNITION SYSTEMS</b>		
Service ignition systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose ignition system faults	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and repair conventional ignition systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and repair electronic ignition systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>CONTROL SYSTEMS</b>		
Diagnose and repair engine control systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate an understanding of autopilot types, systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>FUEL DELIVERY</b>		
Diagnose diesel injector pumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and service diesel injectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service diesel fuel transfer pump and primary fuel systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect and treat diesel fuel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service engine preheat systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service turbochargers and intercoolers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service gasoline fuel system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and repair gasoline fuel systems faults	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnose and repair oil injection systems	<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 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)
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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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