

# MARINE MECHANICAL TECHNICIAN

## STATUTORY DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service  
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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 **7,200 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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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### 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: ( )	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):		Total Number Hours of <b>Marine Mechanical Technician</b> Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		

### 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 to be 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.**

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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 (76)	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

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

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# MARINE MECHANICAL TECHNICIAN

## STATUTORY DECLARATION OF WORK EXPERIENCE

JOB TASKS (76)	DECLARATION RESPONSE	
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
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

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JOB TASKS (76)	DECLARATION RESPONSE	
<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
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

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JOB TASKS (76)	DECLARATION RESPONSE	
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
<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. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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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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