

DIESEL ENGINE MECHANIC

STATUTORY DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service
800 – 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
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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 **4,500 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 Heavy Duty Equipment Technician** or **Truck and Transport Mechanic** will be eligible to challenge this certification by documenting **3,000 hours** of directly related work experience.

Holders of a **Certificate of Qualification in Transport Trailer Technician** will be eligible to challenge this certification by documenting **3,750 hours** of directly related 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): From: To:	Total Number Hours of Diesel Engine Mechanic Experience Accumulated in that Period:
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.**

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 (10)	DECLARATION RESPONSE
Task-1 PERFORM OCCUPATIONAL SKILLS Use safe work practices Implement hybrid and electric vehicle (EV) safety protocols Use hand tools, power tools, and shop equipment Use fasteners and fittings Lift and support loads Operate equipment Use documentation and reference materials Service bearings and seals Select and maintain lubricants Use cutting and welding equipment Demonstrate an understanding of diagnostic procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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JOB TASKS (10)	DECLARATION RESPONSE
Task-2 SERVICE, DIAGNOSE, AND REPAIR BRAKES Service and repair hydraulic brakes and parking brakes Service and repair hydraulic power brakes and ABS systems Service and repair air brakes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-3 SERVICE, DIAGNOSE, AND REPAIR HYDRAULICS Service hydraulic components	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-4 SERVICE, DIAGNOSE, AND REPAIR ELECTRICAL AND ELECTRONIC SYSTEMS Demonstrate an understanding of electricity Use electrical testing instruments Service, diagnose, and repair battery systems Service starting and charging systems Service electrical circuits Diagnose and repair charging systems Diagnose and repair starting systems Diagnose and repair electrical and electronic components and systems Diagnose and repair vehicle and equipment management systems Service, diagnose, and repair electronic ignition systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-5 SERVICE, DIAGNOSE, AND REPAIR FRAMES, STEERING, AND SUSPENSION Service, diagnose, and repair tires, wheels, and hubs Service steering systems Service, diagnose, and repair suspension systems Service undercarriage systems Service, diagnose, and repair frames	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-6 SERVICE, DIAGNOSE, AND REPAIR TRAILERS Service, diagnose, and repair landing gear and trailer accessories Service, diagnose, and repair coupling systems Service, diagnose, and repair trailer body components Service heating and refrigeration systems	<input type="checkbox"/> Yes <input type="checkbox"/> No

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JOB TASKS (10)	DECLARATION RESPONSE
Task-7 SERVICE, DIAGNOSE, AND REPAIR HEATING, VENTILATION, AND AIR CONDITIONING Demonstrate an understanding of heating and air conditioning fundamentals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-8 SERVICE, DIAGNOSE, AND REPAIR ENGINES AND SUPPORTING SYSTEMS Demonstrate an understanding of engine fundamentals Service engine support systems Diagnose and repair engine support systems Service diesel fuel supply systems Diagnose and repair diesel fuel supply systems Demonstrate an understanding of alternative fuel systems Service, diagnose, and repair engines and components Diagnose and repair mechanical fuel injection systems Service, diagnose, and repair electronic diesel fuel systems Service, diagnose, and repair diesel emissions systems Service, diagnose, and repair engine retarder systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-9 SERVICE, DIAGNOSE, AND REPAIR STRUCTURAL COMPONENTS AND ACCESSORIES Demonstrate an understanding of protective structures Service, diagnose, and repair cab structures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-10 USE COMMUNICATION AND MENTORING TECHNIQUES Use communication techniques	<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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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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