

TRANSPORT TRAILER 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 **4,725 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 **3,225 hours** of directly related work experience.

Holders of a **Certificate of Qualification in Diesel Engine Mechanic** will be eligible to challenge this certification by documenting **3,975 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 Transport Trailer Technician 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 (21)	DECLARATION RESPONSE
PERFORMS COMMON OCCUPATIONAL SKILLS (6%)	
Task-1 Performs safety-related functions Maintains safe work environment Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-2 Uses and maintains tools and equipment Uses hand, electric and pneumatic tools Uses measuring, testing and diagnostic equipment Uses hoisting, lifting, staging and access equipment Uses welding equipment Uses gas, plasma and arc air cutting equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No

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JOB TASKS (21)	SUPERVISOR DECLARATION RESPONSE
Uses electronic devices and systems for diagnostics and programming	
Task-3 Performs routine work practices Maintains fluids and lubricants Lubricates parts and components Cleans parts and components Uses fasteners, sealants, adhesives and gaskets Maintains hoses, tubing and fittings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-4 Organizes work Uses documentation Plans daily tasks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-5 Uses communication and mentoring techniques Uses communication techniques Uses mentoring techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIAGNOSES AND SERVICES SUSPENSION SYSTEMS (14%)	
Task-6 Diagnoses suspension systems Diagnoses air suspension systems Diagnoses spring suspension systems Diagnoses rubber suspension systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-7 Services suspension systems Maintains suspension systems Repairs air suspension systems Repairs spring suspension systems Repairs rubber suspension systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIAGNOSES AND SERVICES BRAKE SYSTEMS (18%)	
Task-8 Diagnoses brake systems Diagnoses disc brake systems Diagnoses drum brake systems Diagnoses air brake systems	<input type="checkbox"/> Yes <input type="checkbox"/> No

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JOB TASKS (21)	SUPERVISOR DECLARATION RESPONSE
Diagnoses hydraulic brake systems Diagnoses electric brake systems Diagnoses electronic braking control systems	
Task-9 Services brake systems Maintains brake systems Repairs disc brake systems Repairs drum brake systems Repairs air brake systems Repairs hydraulic brake systems Repairs electric brake systems Repairs electronic braking control systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIAGNOSES AND SERVICES AXLES AND WHEEL END ASSEMBLIES (15%)	
Task-10 Diagnoses axles and wheel end assemblies Diagnoses fixed, self-steering and lift axles Diagnoses hubs and bearings Diagnoses tires and rims	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-11 Services axles and wheel end assemblies Maintains axles and wheel end assemblies Repairs fixed axles, hubs and bearings Repairs self-steering and lift axles Replaces tires and rims Repairs tires	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIAGNOSES AND SERVICES TRAILER CHASSIS, BODIES AND COUPLING DEVICES (17%)	
Task-12 Diagnoses trailer chassis and trailer bodies Diagnoses trailer chassis Diagnoses trailer bodies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-13 Services trailer chassis and trailer bodies Maintains trailer chassis	<input type="checkbox"/> Yes <input type="checkbox"/> No

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JOB TASKS (21)	SUPERVISOR DECLARATION RESPONSE
Repairs trailer chassis Maintains trailer bodies Repairs trailer bodies	
Task-14 Diagnoses coupling devices and landing gear Diagnoses coupling devices Diagnoses landing gear	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-15 Services coupling devices and landing gear Maintains coupling devices Repairs coupling devices Maintains landing gear Repairs landing gear	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIAGNOSES AND SERVICES ELECTRIC AND ELECTRONIC SYSTEMS (14%)	
Task-16 Diagnoses electric and electronic systems Diagnoses lighting systems Diagnoses wiring systems Diagnoses trailer monitoring and control systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-17 Services electric and electronic systems Maintains electric and electronic systems Repairs lighting and wiring systems Repairs trailer monitoring and control systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIAGNOSES AND SERVICES HYDRAULIC SYSTEMS (6%)	
Task-18 Diagnoses hydraulic systems Diagnoses self-contained hydraulic systems Diagnoses auxiliary-powered hydraulic systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-19 Services hydraulic systems Maintains hydraulic systems Repairs hydraulic systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIAGNOSES AND SERVICES TEMPERATURE CONTROL SYSTEMS (10%)	

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JOB TASKS (21)	SUPERVISOR DECLARATION RESPONSE
Task-20 Diagnoses temperature control systems Diagnoses fuel systems Diagnoses charging and starting systems Diagnoses high-voltage electric, hybrid and alternative drive systems Diagnoses refrigeration and heating systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Task-21 Services temperature control systems Maintains fuel systems Repairs fuel systems Maintains charging and starting systems Repairs charging and starting systems Maintains high-voltage electric, hybrid and alternative drive systems Repairs high-voltage electric, hybrid and alternative drive systems Maintains refrigeration and heating systems Repairs refrigeration and heating systems (NCC)	<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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