

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 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

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): |     | Total Number Hours of <b>Diesel Engine Mechanic</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:<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.

| JOB TASKS (4)   | SUPERVISOR<br>DECLARATION<br>RESPONSE                    |
|---|--|
| <p><b>Task-1 PERFORM OCCUPATIONAL SKILLS</b></p> <ul style="list-style-type: none"> <li>Use safe work practices</li> <li>Use hand tools, power tools, and shop equipment</li> <li>Use fasteners and fittings</li> <li>Lift and support loads</li> <li>Operate equipment</li> <li>Use documentation and reference materials</li> <li>Service bearings and seals</li> <li>Select and maintain lubricants</li> <li>Use cutting and welding equipment</li> <li>Demonstrate an understanding of diagnostic procedures</li> </ul> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>Task-2 SERVICE, DIAGNOSE, AND REPAIR ELECTRICAL AND ELECTRONIC SYSTEMS</b></p> <ul style="list-style-type: none"> <li>Demonstrate an understanding of electricity</li> <li>Use electrical testing instruments</li> <li>Service, diagnose, and repair battery systems</li> <li>Service starting and charging systems</li> <li>Service electrical circuits</li> </ul>   | <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: |
|---------------------------------|--------------------------------|

# DIESEL ENGINE MECHANIC

## 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

| JOB TASKS (4)   | SUPERVISOR DECLARATION RESPONSE                          |
|---|--|
| Diagnose and repair charging systems<br>Diagnose and repair starting systems<br>Diagnose and repair electrical and electronic components and systems<br>Diagnose and repair vehicle and equipment management systems<br>Service, diagnose, and repair electronic ignition systems   |  |
| <b>Task-3 SERVICE, DIAGNOSE, AND REPAIR ENGINES AND SUPPORTING SYSTEMS</b><br>Demonstrate an understanding of engine fundamentals<br>Service engine support systems<br>Diagnose and repair engine support systems<br>Service diesel fuel supply systems<br>Diagnose and repair diesel fuel supply systems<br>Demonstrate an understanding of alternative fuel systems<br>Service, diagnose, and repair engines and components<br>Diagnose and repair mechanical fuel injection systems<br>Service, diagnose, and repair electronic diesel fuel systems<br>Service, diagnose, and repair diesel emissions systems<br>Service, diagnose, and repair engine retarder systems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Task-4 USE COMMUNICATION AND MENTORING TECHNIQUES</b><br>Use communication techniques  | <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) |
|                                 |                       |                           |

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

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