

PARTS TECHNICIAN 2

STATUTORY DECLARATION OF WORK EXPERIENCE

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.

To qualify to challenge certification in this trade, individuals must have:

- Parts and Warehousing Person 1 Certificate of Qualification or Parts Technician 1 Certificate of Qualification,
- worked a minimum of **2,520 additional hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

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 Parts Technician 2 Experience Accumulated in that Period:
Job Title of Applicant:	

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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 (25)	DECLARATION RESPONSE	
PARTS IDENTIFICATION		
Use common measuring tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify engine components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify fuel and induction system parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common engine lubrication system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common engine cooling and heating system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common engine exhaust system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify various bearings and seals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common power-train components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common suspension and steering system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common braking system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify common motive power industry electrical system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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JOB TASKS (25)	DECLARATION RESPONSE	
Identify autobody parts and repair materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify air-conditioning system components and safe handling procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify hydraulic system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpret the implications of aftermarket accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No
STANDARD STOCK RECOGNITION		
Identify standard stock motive power items	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply core return procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CATALOGUES AND INVENTORY		
Use catalogue information sourcing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain inventory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide cost quotation and sell related parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COMMUNICATION AND PROFESSIONALISM		
Use effective oral communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use effective written communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employ professional appearance and conduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SALES REPRESENTATIVE CHARACTERISTICS		
Apply the traits of an effective sales representative	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apply methods of effective salesmanship	<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)

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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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:

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

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