

**PARTS TECHNICIAN
EMPLOYER DECLARATION
OF WORK EXPERIENCE**

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 **7,695 hours** performing the tasks listed in Section D of the form, and
- experience performing at least **70%** of the job tasks listed in Section D of the form.

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:
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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: ()	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of Parts Technician Experience Accumulated in that Period:
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: ()	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): _____	

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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 (52)	SUPERVISOR DECLARATION RESPONSE	
PERFORMS COMMON OCCUPATIONAL SKILLS		
Task-1 Performs safety-related functions		
Maintains safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses personal protective equipment (PPE) and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-2 Uses tools and equipment		
Uses catalogs and price lists	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses hand tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operates power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operates warehouse tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses measuring and testing tools and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operates business machines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses computers and digital devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-3 Organizes work		
Uses work-related documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prioritizes tasks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-4 Communicates with others		
Uses communication techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PERFORMS CUSTOMER SERVICE		
Task-5 Provides services to retail customers		
Identifies retail customers’ needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provides technical information to retail customers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-6 Provides services to wholesale customers		
Identifies wholesale customers’ needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provides training opportunities and technical information to wholesale customers	<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:
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JOB TASKS (52)	SUPERVISOR DECLARATION RESPONSE	
Task-7 Provides services to internal customers		
Identifies internal customers' needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains inventory and records for internal customers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-8 Provides general customer service and support		
Prepares customer quotes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provides no-fee value-added services and information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Records customer information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Implements product improvement programs (PIP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PERFORMS PARTS ACQUISITION		
Task-9 Identifies parts		
Identifies parts function	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies parts application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies parts number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-10 Sources parts		
Searches inventory for parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies suppliers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purchases parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arranges shipment of special orders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PERFORMS WAREHOUSING AND INVENTORY		
Task-11 Handles parts and materials		
Maintains storage design layout	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handles sensitive products	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rotates inventory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Places inventory in designated location	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-12 Performs inventory control		
Manages core and warranty inventory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handles parts inventory recalls	<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:
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Toll Free: 1-866-660-6011
customerservice@skilledtradesbc.ca

JOB TASKS (52)	SUPERVISOR DECLARATION RESPONSE	
Maintains inventory levels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participates in periodic physical inventory count	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-13 Performs shipping and receiving duties		
Verifies estimated time of arrival (ETA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receives incoming shipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resolves order discrepancies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares for shipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
APPLIES BUSINESS PRACTICES		
Task-14 Promotes products and services		
Displays products and literature	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses digital marketing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommends parts and products to customer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommends services to customer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-15 Implements pricing formula		
Calculates additional costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overrides price	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Task-16 Processes financial transactions		
Generates invoices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accepts payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Processes customer returns	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Processes day-end reports	<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)
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Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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