

**PARTS TECHNICIAN  
STATUTORY 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

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

### A. Applicant Name

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

### 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):		Total Number Hours of <b>Parts Technician</b> Experience Accumulated in that Period:
From:	To:	
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.**

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**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 (52)	DECLARATION RESPONSE	
<b>PERFORMS COMMON OCCUPATIONAL SKILLS</b>		
<b>Task-1 Performs safety-related functions</b>		
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
<b>Task-2 Uses tools and equipment</b>		
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

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

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JOB TASKS (52)	DECLARATION RESPONSE	
<b>Task-3 Organizes work</b>		
Uses work-related documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prioritizes tasks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Task-4 Communicates with others</b>		
Uses communication techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>PERFORMS CUSTOMER SERVICE</b>		
<b>Task-5 Provides services to retail customers</b>		
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
<b>Task-6 Provides services to wholesale customers</b>		
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
<b>Task-7 Provides services to internal customers</b>		
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
<b>Task-8 Provides general customer service and support</b>		
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
<b>PERFORMS PARTS ACQUISITION</b>		
<b>Task-9 Identifies parts</b>		
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
<b>Task-10 Sources parts</b>		
Searches inventory for parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (52)	DECLARATION RESPONSE	
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
<b>PERFORMS WAREHOUSING AND INVENTORY</b>		
<b>Task-11 Handles parts and materials</b>		
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
<b>Task-12 Performs inventory control</b>		
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
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
<b>Task-13 Performs shipping and receiving duties</b>		
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
<b>APPLIES BUSINESS PRACTICES</b>		
<b>Task-14 Promotes products and services</b>		
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
<b>Task-15 Implements pricing formula</b>		
Calculates additional costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overrides price	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (52)	DECLARATION RESPONSE	
<b>Task-16 Processes financial transactions</b>		
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. 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)

*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:	
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