AUTOMOTIVE REFINISHING TECHNICIAN

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

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 Challenge or Supervision and Sign-Off Authority.

"Automotive Refinishing Technicians" work on the surfaces of motor vehicles, primarily in restoring vehicle finishes once body work has been completed. Some of the duties that an automotive refinishing technician completes include removing layers of old coatings; matching colors and mixing paints; preparing surfaces for painting by spot filling, sanding, and masking; applying primers, primer surfacers, sealers, base coats, single-stage and clear coats; cleaning and polishing painted surfaces; and applying protective coatings.

Many Automotive Refinishing Technicians work in close contact with Auto Body and Collision Technicians who tend to work in multi-shop companies, independent or dealership auto body and collision shops. Automotive refinishing duties may overlap with Auto Body and Collision Technicians' duties, particularly in small shops. In larger places of employment, Automotive Refinishing Technicians likely work as specialists after body repairs have been completed. They may also work with estimators, partspersons, detailers, preppers, glass installers and production managers. While they may work as part of the repair team, Automotive Refinishing Technicians tend to work independently. They may work in the automotive, truck and transport, commercial transport, heavy equipment, motorcycle, specialty vehicle, aviation and aerospace sectors.

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 **4,950 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

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:		
Business Address (Street Name/Number, Building/Unit Number):		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 **Automotive Refinishing Technician** Experience Accumulated in Period:
Job Title of Applicant:	

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

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) ☐ English ☐ 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 (31)	SUPERVISOR DECLARATION RESPONSE	
Performs Safety-Related Functions		
Maintains safe workplace	☐ Yes	☐ No
Uses personal protective equipment (PPE) and safety equipment	☐ Yes	☐ No
Maintains Tools And Equipment		
Maintains hand and power tools	☐ Yes	☐ No
Maintains spray booth	☐ Yes	☐ No
Maintains spray equipment	☐ Yes	☐ No
Maintains mixing equipment	☐ Yes	☐ No
Maintains shop equipment	☐ Yes	☐ No
Organizes Work		
Uses documentation	☐ Yes	☐ No
Performs inspections	☐ Yes	☐ No
Contributes to development of repair plan	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

SKILLED TRADES BC

AUTOMOTIVE REFINISHING TECHNICIAN

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 (31)	SUPERVISOR DECLARATION RESPONSE	
Contributes to development of repair plan	☐ Yes	☐ No
Uses Communication And Mentoring Techniques		
Uses communication techniques	☐ Yes	☐ No
Uses mentoring techniques	☐ Yes	☐ No
Prepares Surface		
Performs initial preparation	☐ Yes	☐ No
Masks surface	☐ Yes	☐ No
Strips surface	☐ Yes	☐ No
Sands surface	☐ Yes	☐ No
Uses Repair Materials		
Mixes repair materials	☐ Yes	☐ No
Applies repair materials	☐ Yes	☐ No
Applies protective coating	☐ Yes	☐ No
Prepares Refinishing Equipment		
Prepares spray booth	☐ Yes	☐ No
Performs spray gun setup	☐ Yes	☐ No
Prepares Refinishing Materials		
Mixes refinishing materials	☐ Yes	☐ No
Performs colour adjustments	☐ Yes	☐ No
Applies Refinishing Materials		
Applies sealers	☐ Yes	☐ No
Applies base coat	☐ Yes	☐ No
Applies single-stage paint	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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 (31)	SUPERVISOR DECLARATION RESPONSE	
Applies clear coat	☐ Yes	☐ No
Performs Post-Refinishing Functions		
Removes masking materials	☐ Yes	☐ No
Corrects surface imperfections	☐ Yes	☐ No
Performs final check	☐ Yes	☐ 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 Signature:	Date Signed: (MM/DD/YYYY)

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials: