AUTOMOTIVE REFINISHING 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.

"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

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)
Business Address (Street Name/Number, Building/Unit Number):		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 **Automotive Refinishing Technician** Experience Accumulated in 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 (31)	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

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:

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JOB TASKS (31)	DECLARATION RESPONSE	
Organizes Work		
Uses documentation	☐ Yes	☐ No
Performs inspections	☐ Yes	☐ No
Contributes to development of repair plan	☐ Yes	☐ No
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
Applies clear coat	☐ Yes	☐ No

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JOB TASKS (31)	DECLARATION RESPONSE	
Performs Post-Refinishing Functions		
Removes masking materials	☐ Yes	☐ No
Corrects surface imperfections	☐ Yes	☐ No
Performs final check	☐ Yes	☐ 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's initials 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: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ 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) ☐ English	☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ 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) ☐ English	☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker	☐ Contractor ☐ Client	☐ Supplier ☐ 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) ☐ English	☐ Other (specify):	
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials: