



DIESEL ENGINE MECHANIC

STATUTORY DECLARATION OF WORK EXPERIENCE

ITA 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@itabc.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 **4,500 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Holders of a **Certificate of Qualification in Heavy Duty Equipment Technician or Truck and Transport Mechanic** will be eligible to challenge this certification by documenting **3,000 hours** of directly related work experience.

Holders of a **Certificate of Qualification in Transport Trailer Technician** will be eligible to challenge this certification by documenting **3,750 hours** of directly related work experience.

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 Diesel Engine Mechanic 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.** If sufficient evidence of steps taken is not provided, the application may not be approved.

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 (7)	Declaration Response
WORK PRACTICES AND PROCEDURES <i>Including:</i> Use shop resources and record keeping practices, use hand tools, power tools and shop equipment's, lift loads, use fasteners and fittings, use lubricants, use shielded SMAW equipment, operator equipment and apply diagnostic procedures.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ALTERNATE BRAKE SYSTEMS <i>Including:</i> Service engine brakes, exhaust brakes and hydraulic retarders.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
DIESEL ENGINES <i>Including:</i> Install, service, repair, overhaul, troubleshoot and remove diesel engines, service engine support systems, diagnose and repair internal combustion engines and perform start-up procedures and running checks.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ELECTRICAL AND ELECTRONIC SYSTEMS <i>Including:</i> Apply principles of electricity and identify common electrical and electronic components, use electrical testing equipment, service electrical and electronic circuits and systems, batteries, starting systems, ignitions systems and electrical and electronic alarm systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

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Job Tasks (7)	Declaration Response
SPARK IGNITION ENGINES <i>Including:</i> Service gasoline fuel systems and ignition systems, propane fuel systems, natural gas fuel systems, and emission systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MECHANICAL DIESEL FUEL SYSTEMS <i>Including:</i> Apply the principles of diesel fuel injection, service fuel supply circuits, fuel pump governors, high pressure fuel injections pumps, hydraulic fuel injectors, Cummins (P.T.) fuel systems, unit injector fuel injection systems and test engine performance.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SERVICE ELECTRONIC DIESEL FUEL SYSTEMS <i>Including:</i> Apply the principles of electronic diesel fuel injection, service electronic inline multiplunger injection systems, electronic distributor pump injection systems, electronic unit injector systems, hydraulic electronic unit injector systems, electronic common rail high pressure injection systems, emission systems, emerging electronic fuel injection systems and analyze common electronic diesel engine performance and problems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. Applicant Signature

I certify that the information I have provided is 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)

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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 ITA 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:	

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