Apprenticeship Manitoba

Trades Qualification Employer Declaration Heavy Duty Equipment Technician

A. Applicant Name

This form is to be completed by the direct supervisor of the applicant. Information provided in this form will be verified.

Full name:						
D. Mark History Information		All information boxes must be completed.				
B. Work History Information		All illiormation boxes must be completed.	All information boxes must be completed.			
Organization / Employer name:						
From (yyyy/mm/dd):	To (yyyy/mm/dd):	Job Title:	Total Hours Worked:			
Com (ffff many cup	(1777)					
Type of Employment:	☐ Full time ☐ I	Part time Seasonal Other				
	witness the applicant					
C. Declaration of Job Tasks Po	erformed	performing the tasks in the group.				
2014 NOA	cironinea	, , ,	☑ Check the "Yes" box if you personally witnessed the applicant performing			
2017 1107		* /,	the tasks at the level of a journeyperson.			
		Strike out any individual tasks not witnessed. ex	ample			
A – Common Occupational Skills	, Do					
Includes: Uses and maintains tools a	rk;					
Performs routine trade activities	- N-					
B – Engines and Engine Support Sys	□ No					
Includes: Diagnoses engines and eng	□ Yes					
C – Hydraulic, Hydrostatic and Pneu	□ No					
systems	ostatic and pheumatic sys	stems; Repairs hydraulic, hydrostatic and pneumatic	□ Yes			
D – Drivetrain Systems			□ No			
Includes: Diagnoses drivetrain systems; Repairs drivetrain systems E – Steering, Suspension, Brake Systems, Wheel Assemblies and Undercarriage						
Includes: Diagnoses steering, suspen	□ No					
suspension, brake systems, wheel as	□ Yes					
F – Electrical and Vehicle Management Systems						
Includes: Diagnoses electrical syster	ems;					
Repairs electronic vehicle managem	□ Yes					
G – Environmental Control Sysytem	□ No					
Includes: Diagnoses environmental	□ Yes					
H – Structural Components, Accesso	□ Ne					
Includes: Diagnoses structural comp	ories No					
and attachments						

Name of the individual declaring their employment experience

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D. Supervisor/Employer Signature	I certify that the information I, as the current or former direct supervisor of the applicant provided is accurate. I understand that my support may allow the candidate to challenge the certification exam.		
Signature:		Date: (yyyy/mm/dd)	
Printed name:		Daytime phone:	

Office use only:	Verified - ☐ Yes	□No	Signature:	Comments: