

# Apprenticeship Manitoba

## Trades Qualification Statutory Declaration

### Heavy Duty Equipment Technician

This form is to be completed by the applicant.

Information provided in this form will be verified.

**Unless your work experience hours were gained through self-employment, Trades Qualification applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide at least one employer declaration from an employer who can verify your work experience.**

<b>A. Applicant Name</b>	Name of the individual declaring their employment experience
Full name:	

<b>B. Reason for Statutory Declaration</b>	Indicate why a Statutory Declaration is required?
<input type="checkbox"/> Employer is no longer in business	<input type="checkbox"/> Employment records are not available
<input type="checkbox"/> Applicant was self-employed ( <b>references required</b> )	<input type="checkbox"/> Employer will not complete Employer Declaration
If you have been unable to obtain an Employer Declaration from any of your employers, please indicate below all the efforts that you have made to obtain an Employer Declaration. If sufficient evidence of steps taken is not provided, the application may not be approved.	

<b>C. Work History Information</b>	Enter the dates, title, total hours worked, and nature of employment for the period this declaration applies to.				
Organization / Employer name:		Business Registration Number: (self-employed only)			
From (yyyy/mm/dd):	To (yyyy/mm/dd):	Job Title:	Total Hours Worked: (only hours on the tools)		
Type of Employment:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Other

<b>Office use only:</b>	Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Comments:
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<b>D. Declaration of Job Tasks Performed</b> 2014 NOA	<input checked="" type="checkbox"/> Check the "No" box if you did not personally witness the applicant performing the tasks in the group. <input checked="" type="checkbox"/> Check the "Yes" box if you personally witnessed the applicant performing the tasks at the level of a journeyperson. Strike out any individual tasks not witnessed. <del>example</del>
<b>A – Common Occupational Skills</b> <b>Includes:</b> Uses and maintains tools and equipment; Performs general maintenance and inspections; Organizes work; Performs routine trade activities	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B – Engines and Engine Support Systems</b> <b>Includes:</b> Diagnoses engines and engine support systems; Repairs engines and engine support systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C – Hydraulic, Hydrostatic and Pneumatic Systems</b> <b>Includes:</b> Diagnoses hydraulic, hydrostatic and pneumatic systems; Repairs hydraulic, hydrostatic and pneumatic systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D – Drivetrain Systems</b> <b>Includes:</b> Diagnoses drivetrain systems; Repairs drivetrain systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E – Steering, Suspension, Brake Systems, Wheel Assemblies and Undercarriage</b> <b>Includes:</b> Diagnoses steering, suspension, brake systems, wheel assemblies and undercarriage; Repairs steering, suspension, brake systems, wheel assemblies and undercarriage	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>F – Electrical and Vehicle Management Systems</b> <b>Includes:</b> Diagnoses electrical systems; Repairs electrical systems; Diagnoses electronic vehicle management systems; Repairs electronic vehicle management systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>G – Environmental Control Systems</b> <b>Includes:</b> Diagnoses environmental control systems; Repairs environmental control systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>H – Structural Components, Accessories and Attachments</b> <b>Includes:</b> Diagnoses structural components, accessories and attachments; Repairs structural components, accessories and attachments	<input type="checkbox"/> No <input type="checkbox"/> Yes

<b>E. Applicant Signature</b>	I certify that the information I provided is accurate.	
Signature:		Date: (yyyy/mm/dd)
Printed name:		Daytime phone:



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**Heavy Duty Equipment Technician**

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<b>F. References</b>	References must be provided for all self-employment Statutory Declaration forms.
<p>Include with your completed Statutory Declarations the names and contact information of two people who can verify your self-employed work experience. This may include a supplier, a former employee, a contractor in the industry, or a regular, long term client. Maximum of one reference per category.</p> <p>Each individual listed will be contacted by Apprenticeship Manitoba to verify the information provided in your application.</p>	

First Name:	Last Name:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

First Name:	Last Name:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address: