Apprenticeship Manitoba

Trades Qualification Employer Declaration Motor Vehicle Body Repairer

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

A. Applicant Name	Name o	Name of the individual declaring their employment experience							
Full name:									
B. Work History Information		All information 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:						
Type of Employment:	☐ Full time ☐ I	Part time Seasonal Other	<u> </u>						
C. Declaration of Job Tasks P 2014 NOA	itness the applicant performing sed the applicant performing								
A – Common Occupational Skills Includes: Performs safety-related fu equipment	g □ No □ Yes								
B – Routine Trade Tasks Includes: Organizes work and uses of Removes and installs trim and weat	□ No □ Yes								
C – Frame and Structural Compone Includes: Prepares for repair and re components; Removes, installs and	□ No □ Yes								
D – Non-Structural Outer Body Pan Includes: Removes, repairs and inst composite panels and components;	□ No □ Yes								
E – Mechanical, Electrical and Alter Includes: Deactivates and reactivates	□ No □ Yes								
F – Restraint System and Interior Co	□ No								
Includes: Repairs and replaces inter	□ Yes								
G – Refinishing Includes: Prepares surfaces; Uses fil	□ No □ Yes								
H – Detailing and Cleaning	□ Yes								
Includes: Details exterior; Cleans ve	□ Yes								

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D. Supervisor/Employer Signature			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:	Comme	ents:	

I certify that the information I, as the current or former direct supervisor of the applicant