

Apprenticeship Manitoba

Trades Qualification Statutory Declaration

Recreational Vehicle Service 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.

A. Applicant Name	Name of the individual declaring their employment experience
Full name:	

B. Reason for Statutory Declaration	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 (references required) <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.	

C. Work History Information			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		

Office use only:	Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Comments:
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D. Declaration of Job Tasks Performed 2012 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 journey person. Strike out any individual tasks not witnessed. example
A – Common Occupational Skills Includes: Performs safety-related activities; Uses and maintains tools and equipment; Performs common work practices and procedures	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Plumbing Systems Includes: Diagnoses plumbing systems; Services potable water systems; Services waste water systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Electrical Systems Includes: Diagnoses electrical systems Services AC electrical system; Services DC electrical system	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – LP Gas Systems Includes: Diagnoses LP gas systems; Services LP gas systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Appliances and Consumer Products Includes: Maintains appliances; Diagnoses appliances; Repairs appliances and consumer products; Installs appliances and consumer products	<input type="checkbox"/> No <input type="checkbox"/> Yes
F – Interior and Exterior Includes: Diagnoses interior and exterior components; Services interior components; Services exterior components	<input type="checkbox"/> No <input type="checkbox"/> Yes
G – Chassis and Mechanical Components Includes: Maintains chassis and mechanical components; Diagnoses chassis and mechanical components; Repairs chassis and mechanical systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
H – Towing Systems Includes: Diagnoses towing systems; Services towing systems	<input type="checkbox"/> No <input type="checkbox"/> Yes

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



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F. References	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: