

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Truck and Transport Mechanic

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 of the individual declaring their employment experience
Full name:	

B. Work History Information	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:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other		

C. Declaration of Job Tasks Performed 2010 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. example
A – Occupational Skills Includes: Maintains tools and equipment; Organizes work; Performs routine trade activities	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Engine and Supporting Systems Includes: Diagnoses engine and supporting systems; Services engine and supporting systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Air systems and brakes Includes: Diagnoses air systems and brakes; Services air systems and brakes	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Electrical and Electronic Systems Includes: Diagnoses electrical systems; Services electrical systems; Diagnoses electronic systems; Services electronic components	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Drive Train Includes: Diagnoses drive train; Services drive train	<input type="checkbox"/> No <input type="checkbox"/> Yes
F – Steering, Chassis/Frames, Suspension, Wheels, Hubs and Tires Includes: Diagnoses steering system, chassis/frames, suspension, wheels, hubs and tires; Services steering system, chassis/frames, suspension, wheels, hubs and tires	<input type="checkbox"/> No <input type="checkbox"/> Yes
G – Cab Includes: Diagnoses cab components; Services cab components	<input type="checkbox"/> No <input type="checkbox"/> Yes
H – Trailers Includes: Diagnoses trailer components; Services trailer components	<input type="checkbox"/> No <input type="checkbox"/> Yes
I – Climate Control Includes: Diagnoses climate control systems; Services climate control systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
J – Hydraulic Systems Includes: Diagnoses hydraulic systems; Services hydraulic systems	<input type="checkbox"/> No <input type="checkbox"/> Yes

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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 - <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Comments:
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