Trades Qualification Statutory Declaration



Agricultural 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.

A. Applicant Name	Name of the individual declaring their employment experience.						
Full name:							
B. Work History Information Indicate why a Statutory Declaration is required?							
Applicant was self-employed (references required) □ Employer will not complete Employer Declaration							
If you have been unable to obtain an Employer Declaration from your employer, 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.							
Enter the dates, title, total hours worked, and nature of							
employment for the period this declaration applies to.					•		
Business Registration Number: (self-employed only)							
Name of Organization / Employer:							
Street address:			City:		v./State:	Country:	
From (yyyy/mm/dd):	To (yyyy/mm/dd):	m/dd): Job Title:		Total Hours Worked: (only hours on the tools)			
Type of Employment:							
0.00	Verified Con	nments:			Signature:		



100-111 Lombard Ave. R3B 0T4 204-945-3337 Fax 204-948-2346



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	Check the "No" box if none of the tasks in the group were performed by you personally.					
D. Declaration of Job Tasks Performed RSOS 2021	☐ Check the "Yes" box if you performed the tasks at the level of a journeyperson.					
	Strike out any individual tasks not witnessed. Example: Organizes Work .					
A - Common Occupational Skills Includes: Performs safety-related functions; Performs routine work practices, Organizes work, Uses and maintains tools and equipment, Uses communication and mentoring techniques						
B - Diagnoses and repairs engine and engine support systems						
C - Diagnoses and repairs drive trains Includes: Diagnoses drive trains, Repairs drive trains						
D - Diagnoses and repairs hydraulic, hydrostatic and pneumatic systems Includes: Diagnoses hydraulic, hydrostatic and pneumatic systems, Repairs hydraulic, hydrostatic and pneumatic systems No Pes						
E - Diagnoses and repairs electrical and electronic systems Includes: Diagnoses electrical/electronic power and control monitoring systems, Repairs electrical/electronic power and control monitoring systems \textstyle{\textstyle{1}} \text{No} \textstyle{\textstyle{1}} \text{Yes}						
F - Diagnoses and repairs steering, brakes and suspensions Includes: Diagnoses steering and brake systems, Repairs steering and brake systems, Diagnoses track, wheel and suspension systems \textstyle{\textstyle{1}} No \textstyle{\textstyle{2}} Yes						
G - Diagnoses and repairs structural components and operator stations Includes: Diagnoses structural components. Repairs structural components, Diagnoses climate control systems, Repairs climate control systems						
H - Diagnoses and repairs agricultural equipment Includes: Prepares agricultural equipment, Diagnoses precision farming equipment, Repairs precision farming equipment, Diagnoses land preparation, tillage and seeding/planting equipment, Repairs land preparation, tillage and seeding/planting equipment, Diagnoses harvesting, hay and forage equipment, Repairs harvesting, hay and forage equipment, Diagnoses application and irrigation equipment, Repairs application and irrigation equipment						
E. Applicant Signature I certify that the information I provided is accurate.						
Signature:		Date: (yyyy/mm/dd)				

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References must be p		provided for all Statutory Declaration forms.		
Include with your completed Statutory experience. This may include a co-we client. Maximum of one reference per	orker, a supplier, a forr	nes and contact information of two people who can verify your work mer employee, a contractor in the industry, or a regular, long term		
Each individual listed will be contacte	d by Apprenticeship M	Nanitoba to verify the information provided in your application.		
First Name		Last Name		
Organization/Business Name		Position/Title		
Relationship to Applicant		Phone Number including country code if outside Canada		
Preferred language of communication		Email		
First Name		Last Name		
Organization/Business Name		Position/Title		
Relationship to Applicant		Phone Number including country code if outside Canada		
Preferred language of communication		Email		