



Trades Qualification Statutory Declaration

Marine and Outdoor Power 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.

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 2009 POA	<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: Uses tools and equipment; Organizes work; Performs routine trade activities	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Engine and Engine Support Systems Includes: Performs engine diagnostics; Repairs engines and engine support systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Drivetrains Includes: Diagnoses clutches and primary drive systems; Repairs clutches and primary drives; Diagnoses transmissions; Repairs transmissions; Diagnoses final drives; Repairs final drives	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Chassis, Steering, Suspension and Brakes Includes: Diagnoses chassis and steering systems; Repairs chassis and steering systems; Diagnoses suspensions; Repairs suspensions; Diagnoses braking systems; Repairs braking systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Fuel and Exhaust Systems Includes: Diagnoses fuel systems; Repairs fuel systems; Diagnoses exhaust systems; Repairs exhaust systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
F – Electrical and Electronic Components Includes: Diagnoses electrical systems; Repairs electrical systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
G – Plumbing Includes: Diagnoses plumbing systems; Repairs plumbing systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
H – Assembly and Pre-delivery Includes: Unit assembly and rigging; Performs pre-delivery inspection (PDI)	<input type="checkbox"/> No <input type="checkbox"/> Yes
I – Marine and Outdoor Power Equipment Components Includes: Diagnoses operator controls; Repairs operator controls	<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.
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.	
Each individual listed will be contacted by Apprenticeship Manitoba to verify the information provided in your application.	

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: