

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Transport Trailer Technician

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 2013 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 functions; Uses and maintains tools and equipment; Performs common work practices and procedures	<input type="checkbox"/> No <input type="checkbox"/> Yes
B – Suspension Systems Includes: Diagnoses suspension systems; Services suspension systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
C – Brake Systems Includes: Diagnoses brake systems; Services brake systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
D – Axles and Wheel End Assemblies Includes: Diagnoses axles and wheel end assemblies; Services axles and wheel end assemblies	<input type="checkbox"/> No <input type="checkbox"/> Yes
E – Trailer Chassis, Bodies and Coupling Units Includes: Diagnoses trailer chassis and trailer bodies; Services trailer chassis and trailer bodies; Diagnoses coupling units and landing gear; Services coupling units and landing gear	<input type="checkbox"/> No <input type="checkbox"/> Yes
F – Lighting and Wiring Systems Includes: Diagnoses lighting and wiring systems; Services lighting and wiring systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
G – Hydraulic Systems Includes: Diagnoses hydraulic systems; Services hydraulic systems	<input type="checkbox"/> No <input type="checkbox"/> Yes
H – Heating and Refrigeration Units Includes: Diagnoses heating and refrigeration units; Services heating and refrigeration units	<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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