

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Marine and Outdoor Power Equipment 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 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

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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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