



**Record of Work Experiences**  
**Trade Qualifier or Pre-Apprenticeship Credits**

**AUTOMOTIVE REFINISHING TECHNICIAN**  
**(Formerly AUTOMOTIVE PAINTER)**

**Note to Apprenticeship Applicants**

The work experiences on this form are for credit only and must have been performed prior to your registration as an apprentice.

**Applicant Information**

**Name:** \_\_\_\_\_  
 Surname First Initial

**Address:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 P. O. Box/Street City/Town Province Postal Code

**Telephone:** ( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Employer Information & Verification**

**Note to Employer**

By completing the section below you are confirming that the hours indicated for the applicant are specific to employment in the **Automotive Refinishing Technician Trade**.

**Verified By:** \_\_\_\_\_ **CRA\* Business #:** \_\_\_\_\_  
 Company Name 9 Digits

**Address:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 P. O. Box/Street City/Town Province Postal Code

**Telephone:** ( ) \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
 Employer or Representative

\_\_\_\_\_  
 Employer or Representative Signature Employer or Representative (Print)

**Date of applicant's employment from:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **to:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year Month Day Year

**Total hours of employment the applicant worked in the Automotive Refinishing Technician Trade:**  
 \_\_\_\_\_ Hours

\* CRA - Canada Revenue Agency

Please check the appropriate box:

Trade Qualifiers <input type="checkbox"/>	The <b>signature of the Journeyperson</b> following each of the required skills acknowledges the applicant has met the competencies in each of the skill areas according to the Industry Standard associated with this trade.
Pre- Apprenticeship Credits <input type="checkbox"/>	The <b>signature of the Journeyperson</b> following each of the required skills acknowledges the applicant has performed in each of the skill areas appropriate for this trade.

- The Apprenticeship and Trades Certification Division has identified the work experiences or skills listed below as those required for the **Automotive Refinishing Technician Trade**.
- Journeypersons must be certified in the trade stated by this document. A Journeyperson in another trade may sign certain sections if the skills are common to both trades.

SKILLS REQUIRED FOR CERTIFICATION	Journeyperson Signature	Verified By Applicant
<b>SAFETY RELATED FUNCTIONS</b>		
Maintains safe work environment		
Uses personal protective equipment (PPE) and safety equipment		
<b>TOOLS AND EQUIPMENT</b>		
Maintains hand and power tools		
Maintains spray booth		
Maintains spray equipment		
Maintains mixing equipment		
Maintains shop equipment		
<b>WORK ORGANIZATION AND COMMUNICATION</b>		
Uses documentation		
Performs inspections		
Contributes to development of repair plan		
Organizes refinish production schedule		
Uses communication techniques		

<b>SURFACE PREPARATION</b>		
Performs initial preparation		
Masks surface		
Strips surface		
Sands surface		
<b>REPAIR MATERIALS</b>		
Mixes repair materials		
Applies repair materials		
Applies protective coatings		
<b>EQUIPMENT PREPARATION</b>		
Prepares spray booth		
Performs spray gun setup		
<b>PREPARATION OF REFINISHING MATERIALS</b>		
Mixes refinishing materials		
Performs colour adjustments		
<b>APPLICATION OF REFINISHING MATERIALS</b>		
Applies sealers		
Applies base coat		
Applies single-stage paint		
Applies clear coat		
<b>POST-REFINISHING FUNCTIONS</b>		
Removes masking materials		
Corrects surface imperfections		
Performs final check		

## Note to Journeypersons

- Journeypersons who have applied their signatures to the skills required for the certification section of this document must complete the following sections.
- The Apprenticeship and Trades Certification Division, for the purpose of verification, may contact Journeypersons who have applied their signatures to skills for applicants.

Journeyperson Supervisor Verification			
Name: _____			
Surname	First	Initial	
Address: _____ / _____ / _____ / _____			
P. O. Box/Street	City/Town	Province	Postal Code
Telephone: (____) _____		Cell phone: (____) _____	
Email address: _____			
Certificate Number: _____ and/or I.P. Number: _____			
Name (signature): _____			

Journeyperson Supervisor Verification			
Name: _____			
Surname	First	Initial	
Address: _____ / _____ / _____ / _____			
P. O. Box/Street	City/Town	Province	Postal Code
Telephone: (____) _____		Cell phone: (____) _____	
e-mail: _____			
Certificate Number: _____ and/or I.P. Number: _____			
Name (signature): _____			

### For Office Use Only

Credit: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

month / day / year

### Note To Trade Qualifier Applicants

If employer verification is not possible, please contact the nearest Apprenticeship and Trades Certification Office to discuss available options.

### Contact Information

<b>Avalon</b>	<b>Clarenceville</b>	<b>Central</b>	<b>Western</b>	<b>Labrador</b>
Department of Immigration, Population Growth and Skills Industrial Training Section 1170 Topsail Road P.O. Box 8700 St. John's, NL A1B 4J6 Phone: (709) 729-2729 Fax: (709) 729-5878 Toll Free: 1-877-771-3737	Department Immigration, Population Growth and Skills Industrial Training Section 45 Tilley's Road Clarenceville, NL A5A 1Z4 Phone: (709) 466-3982 Fax: (709) 466-3987 Toll Free: 1-877-771-3737	Department of Immigration, Population Growth and Skills Industrial Training Section 42 Harding Avenue Grand Falls-Windsor, NL A2A 2J9 Phone: (709) 292-4215 Fax: (709) 292-4502 Toll Free 1-877-771-3737	Department of Immigration, Population Growth and Skills Industrial Training Section 1-3 Union Street Aylward Building, 2 <sup>nd</sup> Floor P.O. Box 2006 Corner Brook, NL A2H 6J8 Phone: (709) 637-2366 Fax: (709) 637-2519 Toll Free 1-877-771-3737	Department of Immigration, Population Growth and Skills Industrial Training Section 163 Hamilton River Road Burse Building P.O. Box 3014, Station "B" Happy Valley-Goose Bay, NL AOP 1E0 Phone: (709) 896-6348 Fax: (709) 896-6703 Toll Free 1-877-771-3737

The personal information in this form is being collected under the authority of section 61(c) of the **Access to Information and Protection of Privacy Act, 2015** for the purpose of verifying work experience for apprenticeship credit. If you have any questions about the collection, use and disclosure of your personal information, please contact an Apprenticeship Program Officer at one of ATCD's regional offices, or email [app@gov.nl.ca](mailto:app@gov.nl.ca).