

Department of Immigration, Population Growth and Skills Apprenticeship and Trades Certification Division

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

### MOTORCYCLE TECHNICIAN

### **Note to Apprenticeship Applicants**

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

**Applicant Information** 

| Name:   |   |               |                        |
|---|---|---------------|------------------------|
| Surname   |   | First         | Initial                |
| Address:/_  |   |               |                        |
| P.O. Box/Street   | City/Towr   | n Pro         | vince Postal Code      |
| Telephone: () Cell:   | ()  | Email address | S:                     |
| Г   |   |               |                        |
|   | Note to Empl  | oyer          |                        |
| By completing the section below you are employmen   | e confirming that the<br>t in the <b>Motorcycle</b> |               |                        |
| Verified By:  |   | CRA* Business |                        |
| Company Nan   | ne  |               | 9 Digits               |
| Address: /  |   | 1             | 1                      |
| Address://  | City/Town   | /<br>Provin   | ce Postal Code         |
| Telephone: ()   | Email Address:                                      |               |                        |
| Telephone: ()   | Lillali Addiess.                                    | Employ        | er or Representative   |
|   |   |               | ·                      |
| Employer or Representative Signatu  |   | 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 <b>Motorcycle Technician</b> trade: Hours |   |               |                        |
|   |   | -             |                        |
| * CRA - Canada Revenue Agency   |   |               |                        |
|   |   |               |                        |
|   |   |               |                        |

| Trade Qualifiers            | 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 occupation. |
|-----------------------------|--|
| Pre- Apprenticeship Credits | 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 occupation.   |

- > The Advisory Committee in the Motorcycle Technician trade has identified the work experiences or skills listed below as those required for the occupation.
- 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 |
|---|-------------------------|-----------------------|
| Common Occupational Skills  |                         |                       |
| Maintains safe work environment                                     |                         |                       |
| Uses personal protective equipment (PPE) and safety equipment       |                         |                       |
| Performs periodic maintenance                                       |                         |                       |
| Performs storage procedures   |                         |                       |
| Prepares new units  |                         |                       |
| Verifies repair   |                         |                       |
| Conducts safety inspection  |                         |                       |
| Uses diagnostic tools and equipment                                 |                         |                       |
| Uses precision measuring instruments                                |                         |                       |
| Uses hand tools   |                         |                       |
| Uses heating/cutting tools and equipment                            |                         |                       |
| Uses pneumatic and electric power tools and equipment               |                         |                       |
| Uses shop equipment   |                         |                       |
| Chassis and Suspension  |                         |                       |
| Diagnoses and services frame  |                         |                       |
| Diagnoses and services steering head                                |                         |                       |
| Diagnoses and services steering systems for three-wheel motorcycles |                         |                       |

| Skills Required For Certification   | Journeyperson Signature | Verified By Applicant |
|---|-------------------------|-----------------------|
| Diagnoses and services handle bars, foot rests and controls.                  |                         |                       |
| Diagnoses and services chassis ancillary and accessory components             |                         |                       |
| Diagnoses and services front suspension components.                           |                         |                       |
| Diagnoses and service front suspension components for three-wheel motorcycles |                         |                       |
| Diagnoses and services rear suspension components                             |                         |                       |
| Diagnoses and services swing arm  |                         |                       |
| Wheels and Tires  |                         |                       |
| 1 Diagnoses and services tires  |                         |                       |
| Diagnoses and services spoked wheels  |                         |                       |
| Diagnoses and services one piece wheels                                       |                         |                       |
| Diagnoses and services multi-piece wheels.                                    |                         |                       |
| Brakes  |                         |                       |
| Diagnoses and services hydraulic braking systems                              |                         |                       |
| Diagnoses and services mechanical braking systems                             |                         |                       |
| Diagnoses and services braking control systems                                |                         |                       |
| Engines (two stroke and four stroke)  |                         |                       |
| Diagnoses and services cylinder heads   |                         |                       |
| Diagnoses and services valve systems on two-stroke engine.                    |                         |                       |
| Diagnoses and services valve train on four-<br>stroke engine                  |                         |                       |
| Diagnoses and services cylinders and pistons                                  |                         |                       |
| Diagnoses and services crankshaft assembly                                    |                         |                       |
| Diagnoses and services counterbalance assemblies                              |                         |                       |
| Diagnoses and services engine cases   |                         |                       |
| Diagnoses and services lubrication system                                     |                         |                       |
| Diagnoses and services cooling system   |                         |                       |

| Skills Required For Certification                               | Journeyperson Signature | Verified By Applicant |
|---|-------------------------|-----------------------|
| Power Transfer  |                         |                       |
| Diagnoses and services primary drive and driven gears           |                         |                       |
| Diagnoses and services primary drive chains and sprockets       |                         |                       |
| Diagnoses and services primary drive belts and pulleys          |                         |                       |
| Diagnoses and services manual clutches                          |                         |                       |
| Diagnoses and services automatic clutches                       |                         |                       |
| Diagnoses and services kick start                               |                         |                       |
| Diagnoses and services constant mesh transmissions              |                         |                       |
| Diagnoses and services continuously variable transmission (CVT) |                         |                       |
| Diagnoses and services final drive chains and sprockets         |                         |                       |
| Diagnoses and services final drive shaft and gears              |                         |                       |
| Diagnoses and services final drive belts and pulleys            |                         |                       |
| Electrical Systems  |                         |                       |
| Diagnoses and services battery and charging systems             |                         |                       |
| Diagnoses and services ancillary and accessory components       |                         |                       |
| Diagnoses and services wiring harness systems                   |                         |                       |
| Diagnoses and services ignition systems                         |                         |                       |
| Diagnoses and services electric starting systems                |                         |                       |
| Vehicle Management Systems                                      |                         |                       |
| Reads fault codes   |                         |                       |
| Interprets test results   |                         |                       |
| Tests and services system circuitry and components              |                         |                       |
| Updates software  |                         |                       |
| Fuel and Exhaust Systems  |                         |                       |
| Diagnoses and services fuel tanks and components                |                         |                       |

| Skills Required For Certification             | Journeyperson Signature | Verified By Applicant |
|---|-------------------------|-----------------------|
| Diagnoses and services air delivery systems   |                         |                       |
| Diagnoses and services carburetor systems     |                         |                       |
| Diagnoses and services fuel injection systems |                         |                       |
| Diagnoses and services exhaust systems        |                         |                       |

## **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:                              | 1                  |                      |  |
| P. O. Box/Street                      | City/Town          | Province Postal Code |  |
| Telephone: ()                         | Cell phone: ()     |                      |  |
| Email address:                        |                    |                      |  |
| Certificate Number:                   | and/or I.P. Number |                      |  |
| Name (signature):                     |                    |                      |  |
|                                       |                    |                      |  |
|                                       |                    |                      |  |

| For Office Use Only |       |           |  |  |
|---------------------|-------|-----------|--|--|
| Credit:             |       |           |  |  |
| Approved by:        | Date: |           |  |  |
|                     |       | m / d / y |  |  |

## **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**

| Avalon                      | Clarenville                 | Central                      | Western                                 | Labrador                    |
|-----------------------------|-----------------------------|------------------------------|---|-----------------------------|
| Department of               | Department of Immigration,  | Department of Immigration,   | Department of Immigration,              | Department of               |
| Immigration, Population     | Population Growth and       | Population Growth and Skills | Population Growth and                   | Immigration, Population     |
| Growth and Skills           | Skills                      | Industrial Training Section  | Skills                                  | Growth and Skills           |
| Industrial Training Section | Industrial Training Section | 42 Harding Avenue            | Industrial Training Section             | Industrial Training Section |
| 1170 Topsail Road           | 45 Tilley's Road            | Grand Falls-Windsor, NL      | 1-3 Union Street                        | 163 Hamilton River Road     |
| P.O. Box 8700               | Clarenville, NL A5A 1Z4     | A2A 2J9                      | Aylward Building, 2 <sup>nd</sup> Floor | Bursey Building             |
| St. John's, NL A1B 4J6      | Phone: (709) 466-3982       | Phone: (709) 292-4215        | P.O. Box 2006                           | P.O. Box 3014, Station      |
| Phone: (709) 729-2729       | Fax: (709) 466-3987         | Fax: (709) 292-4502          | Corner Brook, NL A2H 6J8                | "B"                         |
| Fax: (709) 729-5878         | Toll Free: 1-877-771-3737   | Toll Free 1-877-771-3737     | Phone: (709) 637-2366                   | Happy Valley-Goose Bay,     |
| Toll Free: 1-877-771-3737   |                             |                              | Fax: (709) 637-2519                     | NL A0P 1E0                  |
|                             |                             |                              | Toll Free 1-877-771-3737                | 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 <a href="mailto:app@gov.nl.ca">app@gov.nl.ca</a>.