

Designated Trainer Work Experience Form

To qualify for a Certificate of Qualification with examination, in the **last ten years**, you must have worked a minimum of **5 years (a total of 7500 hours)** performing the following job tasks:

Landscape Technician	<i>Percentage of time spent performing this task</i>
<i>During the last ten years, what percentage of time have you spent performing the following tasks? Percentages must total 100%.</i>	
<ul style="list-style-type: none"> • Front Counter Service <i>Includes Face to Face Customer Service:</i> -assessing customer needs, conducting parts/price searches, selling replacement parts and producing order forms, receipts etc.; and -handling warranties and customer complaints. 	%
<ul style="list-style-type: none"> • Shop Counter Service <i>Includes Assessing and Completing In-House Work Orders:</i> -assessing in-house requirements, conducting parts search and finalizing work orders. 	%
<ul style="list-style-type: none"> • Wholesale Phone Service <i>Includes:</i> -via the phone, assessing customer needs, conducting parts/price searches, selling replacement parts and producing order forms, receipts, etc.; and -handling warranties and customer complaints. 	%
<ul style="list-style-type: none"> • Parts Identification and Parts Search <i>Includes:</i> -identifying and verifying parts description; -conducting searches using manual, fiche and electronic media; and -operating in-house and external automated parts systems. 	%
<ul style="list-style-type: none"> • Work Practices and Procedures <i>Includes:</i> -invoicing for parts; -maintaining inventory; -providing shipping/receiving services; and -merchandising/marketing parts/service. 	%
<ul style="list-style-type: none"> • Other Tasks <i>Includes: any other tasks that you may have been assigned. If applicable, please identify these tasks and give a percentage of time spent working on them.</i> 	%
Total	100%

I verify that, to the best of my knowledge, the information I am submitting is true and accurate.

Name (please print): _____

Signature: _____ **Date:** _____

If Applicable, Name of Employer (please print): _____

Signature of Employer: _____ **Date:** _____

ATC's Approval Signature *Date* *Director, Field Operation's Approval Signature* *Date*

This personal information is being collected under the authority of *The Apprenticeship and Trades Qualifications Act*. The personal information collected on this form will be used for the purpose of renewing your authorization to act as a designated trainer in the trade.

Personal information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information on this form, contact:

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