

Designated Trainer Work Experience Form

<h3 style="margin: 0;">Truck and Transport Mechanic</h3> <p style="margin: 0; font-size: small;"><i>During the last ten years, what percentage of time have you spent performing the following tasks? Percentages must total 100%.</i></p>	<i>Percentage of time spent performing this task</i>
<ul style="list-style-type: none"> ● Air Systems, Brakes and Steering <i>Includes: working on air, braking and steering systems as well as tires, wheels, rims and hubs.</i> 	%
<ul style="list-style-type: none"> ● Electrical and Electronic Systems <i>Includes: working on electrical, charging, starting, ignition systems as well as electrical conductors and connectors; and -electronic components and accessories.</i> 	%
<ul style="list-style-type: none"> ● Engine and Supporting Systems <i>Includes: working on engines, cooling, lubrication, fuel intake, exhaust and emission; and -auxiliary braking systems.</i> 	%
<ul style="list-style-type: none"> ● Drive Trains <i>Includes: working on clutches, standard and automatic transmissions, drive lines, differentials and transfer cases.</i> 	%
<ul style="list-style-type: none"> ● Chassis and Frame <i>Includes: working on suspensions, hitches and couplers and modifying length and height of frames.</i> 	%
<ul style="list-style-type: none"> ● Cab and Body <i>Includes: working on HVAC and refrigeration systems; and -trailer bodies, cab bodies and trim.</i> 	%
<ul style="list-style-type: none"> ● Accessories <i>Includes: working on accessories and hydraulic systems.</i> 	%
<ul style="list-style-type: none"> ● Occupational Skills <i>Includes: using all common hand and power tools; -completing maintenance records; and -inspecting and cleaning and maintaining vehicles.</i> 	%
<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 – General Regulation* and will be used for the purpose of renewing your authorization to act as a designated trainer in the trade. It will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act*.

Your 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 or use of your personal information, contact:

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