Apprenticeship

A partnership for industry training



For Designated Trainers - Senior Years Apprenticeship Option

Review of Work Experience - Trade of Truck & Transport Mechanic

NOTE: Effective April 1, 2003, all NEW applicants wanting to train as an apprentice in a designated Manitoba apprenticeship trade must work under the supervision of a certified journeyperson unless a specific Trade Regulation provides accommodation for an alternate arrangement.

In recognition that the Senior Years Apprenticeship Option (SYAO) requires greater flexibility in its administration, an amendment was made to the General Regulation stating that apprentices registered in the SYAO (except in trades that require compulsory certification), can be supervised by an uncertified journeyperson (designated trainer) until **November 1, 2008**. After November 1, 2008, all Senior Years apprentices must be supervised by a certified journeyperson.

If you are not a certified journeyperson, to participate in the SYAO and to qualify as a designated trainer in this trade, you must have worked as a Truck & Transport Mechanic, Agricultural Equipment Technician or Heavy Duty Equipment Mechanic and have:

Please provide the following information so we can assess the training and supervision you will be giving your

- experience in 70 per cent of the tasks of one of these trades
- at least six years of work experience in one of these trades within the last ten years

Your Name	Busines	Business Phone		Senior Years Apprentice's Name				
Business Name	Business Mailing Ac	Idress	City/Town					
In what trade are you working?	☐ Agricultural Equip	oment 🗖	☐ Heavy Duty Equipment ☐			Truck & Transport		
Will you be supervising and training	ng a Senior Years	a Senior Years Apprentice?					□No	
Have you worked full-time in one of the qualifying trades in the last six years?						□Yes	□No	
Indicate the approximate number	of hours you have	worked in t	he last six	years				
In the last ten years, how many ye	ears have you worl	ked as a Me	echanic or	Technician?				
Would you consider becoming certified by taking a Trades Qualifications examination? ☐Yes ☐No								
Would you like information on qualifying for interprovincial certification through Trades Qualification?								
						□Yes	□No	
Would you be interested in participating in certification upgrading courses?							□No	
Please complete the following request outlining your employment history. Use additional paper if required:								
Employer (Include Addr	ess)	Dates of E	ates of Employment Experience (Indicate # mont				Fotal # Hours	

Note: Additional information required on reverse side of page.

apprentice:

Designated Trainer Work Experience Form

Truck and Transport Mechanic During the last ten years, what percentage of time have you spent performing the following tasks? Percentages must total 100%.			
Air Systems, Brakes and Steering Includes: working on air, braking and steering systems as well as tires, wheels, rims and hubs.	%		
Electrical and Electronic Systems Includes: working on electrical, charging, starting, ignition systems as well as electrical conductors and connectors; and -electronic components and accessories.	%		
• Engine and Supporting Systems Includes: working on engines, cooling, lubrication, fuel intake, exhaust and emission; and -auxiliary braking systems.	%		
Drive Trains Includes: working on clutches, standard and automatic transmissions, drive lines, differentials and transfer cases.	%		
Chassis and Frame Includes: working on suspensions, hitches and couplers and modifying length and height of frames.	%		
Cab and Body Includes: working on HVAC and refrigeration systems; and -trailer bodies, cab bodies and trim.	%		
Accessories Includes: working on accessories and hydraulic systems.	%		
Occupational Skills Includes: using all common hand and power tools; -completing maintenance records; and -inspecting and cleaning and maintaining vehicles.	%		
Other Tasks 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.	%		
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:	Date:		
If Applicable, Name of E	mployer (pleas	e print):			
Signature of Employer:		Date:	·		
ATC's Approval Signature	 Date		val 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:

Apprenticeship Branch

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