

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 signature of the Journeyperson 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 signature of the Journeyperson 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
SAFETY RELATED FUNCTIONS		
Maintains safe work environment		
Uses personal protective equipment (PPE) and safety equipment		
TOOLS AND EQUIPMENT		
Maintains hand and power tools		
Maintains spray booth		
Maintains spray equipment		
Maintains mixing equipment		
Maintains shop equipment		
WORK ORGANIZATION AND COMMUNICATION		
Uses documentation		
Performs inspections		
Contributes to development of repair plan		
Organizes refinish production schedule		
Uses communication techniques		

SURFACE PREPARATION		
Performs initial preparation		
Masks surface		
Strips surface		
Sands surface		
REPAIR MATERIALS		
Mixes repair materials		
Applies repair materials		
Applies protective coatings		
EQUIPMENT PREPARATION		
Prepares spray booth		
Performs spray gun setup		
PREPARATION OF REFINISHING MATERIALS		
Mixes refinishing materials		
Performs colour adjustments		
APPLICATION OF REFINISHING MATERIALS		
Applies sealers		
Applies base coat		
Applies single-stage paint		
Applies clear coat		
POST-REFINISHING FUNCTIONS		
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

Avalon	Clarenville	Central	Western	Labrador
Apprenticeship and Trades Certification Division 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	Apprenticeship and Trades Certification Division Industrial Training Section 45 Tilley's Road Clarenville, NL A5A 1Z4 Phone: (709) 466-3982 Fax: (709) 466-3987 Toll Free: 1-877-771-3737	Apprenticeship and Trades Certification Division Industrial Training Section 42 Hardy Avenue Grand Falls-Windsor, NL A2A 2J9 Phone: (709) 292-4215 Fax: (709) 292-4502 Toll Free 1-877-771-3737	Apprenticeship and Trades Certification Division Industrial Training Section 1-3 Union Street Aylward Building, 2 nd Floor P.O. Box 2006 Corner Brook, NL A2H 6J8 Phone: (709) 637-2366 Fax: (709) 637-2519 Toll Free 1-877-771-3737	Apprenticeship and Trades Certification Division Industrial Training Section 163 Hamilton River Road Bursey Building P.O. Box 3014, Station "B" Happy Valley-Goose Bay, NL A0P 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.