

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/Town Province Postal Code

Telephone: (____) _____ **Cell:** (____) _____ **Email address:** _____

Note to Employer

By completing the section below you are confirming that the hours indicated for the applicant are specific to employment in the **Motorcycle 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 **Motorcycle Technician** trade: _____ Hours

* **CRA - Canada Revenue Agency**

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 occupation.
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 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-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: _____ / _____ / _____ / _____
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	Clareville	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 Clareville, 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.