# EXAMINATION REQUEST - CERTIFICATE OF QUALIFICATION
## Application To Challenge Interprovincial Examination
# Motor Vehicle Body Repairer

**1. Personal Information**

**Name:** _____

**Address:** _____

_____

**Postal Code:** _____

**Trade:** _____

**Date of Birth:** _____
(Day) (Month) (Year)

**Telephone #:** _____

**Email:** _____

The cost of the examination is $50.
Additional fees may apply for trades requiring practical examinations.

To qualify to challenge the Interprovincial examination as a **Motor Vehicle Body Repairer**, you must provide proof of having worked a minimum of **9,200** hours within the last 10 years performing the tasks of the trade. An Employer Declaration Form must be completed for each employer listed below. Incomplete applications will not be processed. Applications will be returned if information is missing. Time used for certification on this application for a particular trade or occupation will not be eligible for consideration towards certification in another trade or occupation.

| Name of Employer | Telephone # | From D/M/Y | To D/M/Y | Hours Worked (Required) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Trade related education. Please attach a photocopy of your certificate(s).**

| Institution | Program | Telephone # | Start & End Dates (mm/yy) |
|---|---|---|---|
| | | | - |
| | | | - |

**CERTIFICATION/CONSENT:**

**I hereby certify that the information submitted in this application is true in every respect. I also grant the Department of Workforce and Advanced Learning, Apprenticeship and Training Section permission to make inquiries by contacting current and former employers to verify my certification, education, training and work experience and to disclose any personal information obtained from this application and results of any associated examinations to officials from other Canadian, provincial or territorial apprenticeship jurisdictions for determining my eligibility to participate in trade/ occupation certification programs.**

x_____ _____

**Signature of Applicant** **Date**

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## Documentation Check List

- ☐ The applicant has completed in full the Application to Challenge Interprovincial Examination.
- ☐ The applicant has the required number of hours to be eligible for certification as stated on the Application to Challenge Form.
- ☐ The applicant and a certified journeyperson have signed the Record of Work Experience and Competencies Achieved Form.
- ☐ Each employer listed on the application form has completed in full and signed the Employer Declaration Form.
- ☐ A Statutory Declaration Form has been completed for each place of employment where you were unable to provide an Employer Declaration**.**

  A Statutory Declaration Form may be used to document time worked in the trade when applying to challenge an Interprovincial examination **only due to the following circumstances:**

  1. The firm is no longer in business and the principals can not be reached.
  2. The owner/manager is deceased and complete employment records are not available.
  3. The applicant has been self-employed as an owner/operator of a business.
  4. A firm refuses to complete the Confirmation of Work Experience Form.

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**Forward documentation to:**

**Examination & Development Officer**
**Department of Workforce and Advanced Learning**
**Apprenticeship and Training**
**Atlantic Technology Centre**
**Suite 212, 176 Great George Street**
**P.O. Box 2000**
**Charlottetown, PE C1A 7N8**
**Tel: (902) 368-4461 Fax: (902) 368-6144**
**www.apprenticeship.pe.ca**

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## Record of Work Experience and Competencies Achieved

## TRADE: MOTOR VEHICLE BODY REPAIRER

**Name:** _____ **Date:** _____

**Address:** _____

** By signing off the skills below, you as the certified journeyperson are attesting to the competence of the applicant at a journeyperson level.

| Trade Areas | Applicant's Signature Verifying Competence | Journeyperson's Signature Verifying Competence | Journeyperson's Certificate Number |
|---|---|---|---|
| Occupational Skills | | | |
| Frame and Structural Components | | | |
| Non-Structural Outer Body Panels | | | |
| Glass | | | |
| Mechanical and Electrical Components | | | |
| Restraint System and Interior Components | | | |
| Refinishing | | | |
| Detailing | | | |

Journeyperson's Name (please print): _____

Please have all journeypersons signing above print their name and contact number below:

Name: _____ Contact #: _____

Name: _____ Contact #: _____

Name: _____ Contact #: _____

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# Motor Vehicle Body Repairer

## Employer Declaration Form

## TRADE: MOTOR VEHICLE BODY REPAIRER

**A. Applicant Information**

| Last Name: | First Name: | Middle Name(s): |
|---|---|---|

**B. Employer Information** (To be completed by employer)

| Name of Employer: | Supervisor: | Supervisor's Position/Title: |
|---|---|---|
| Address: | Province: | Postal Code: |
| Telephone Number: | Fax Number: | |

**C. Employment Information** (To be completed by employer)

| Trade/Occupation in which the applicant is/was working with your company: | | |
|---|---|---|
| Dates of Employment (D/M/Y) | | Total number of hours of experience in the trade with the above company: |
| Start Date: | End Date: | |
| Name and position of employer or person representing the company: | | Signature of employer or person representing the company: |

The information that you have provided will be used to assess and to validate the applicant's work experience in the trade of **Motor Vehicle Body Repairer** with your company. It is an offence under the *Apprenticeship and Trades Qualification Act* and Regulations to provide false information.

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# Motor Vehicle Body Repairer

## Employer Declaration Form

## TRADE: MOTOR VEHICLE BODY REPAIRER

**A. Applicant Information**

| Last Name: | First Name: | Middle Name(s): |
|---|---|---|

**B. Employer Information** (To be completed by employer)

| Name of Employer: | Supervisor: | Supervisor's Position/Title: |
|---|---|---|
| Address: | Province: | Postal Code: |
| Telephone Number: | Fax Number: | |

**C. Employment Information** (To be completed by employer)

| Trade/Occupation in which the applicant is/was working with your company**:** | | |
|---|---|---|
| Dates of Employment (D/M/Y) | | Total number of hours of experience in the trade with the above company: |
| Start Date: | End Date: | |
| Name and position of employer or person representing the company: | | Signature of employer or person representing the company: |

The information that you have provided will be used to assess and to validate the applicant's work experience in the trade of **Motor Vehicle Body Repairer** with your company. It is an offence under the *Apprenticeship and Trades Qualification Act* and Regulations to provide false information.

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| Trade/Occupation in which the applicant is/was working with your company: | | |
|---|---|---|
| Dates of Employment (D/M/Y) | | Total number of hours of experience in the trade with the above company: |
| Start Date: | End Date: | |
| Name and position of employer or person representing the company: | | Signature of employer or person representing the company: |

The information that you have provided will be used to assess and to validate the applicant's work experience in the trade of **Motor Vehicle Body Repairer** with your company. It is an offence under the *Apprenticeship and Trades Qualification Act* and Regulations to provide false information.

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## Statutory Declaration Form

## TRADE: MOTOR VEHICLE BODY REPAIRER

This form must be completed for each place of employment where you were unable to provide an Employer Declaration. It must be completed before and signed by a commissioner of oaths, a notary public, or a lawyer. It is an offence under the *Apprenticeship and Trades Qualification Act* and Regulations to provide false information.

**A. Applicant Information**

| Last Name: | First Name: | Middle Name(s): |
|---|---|---|

**B. Employer or Self-Employment Information**

| Name of Organization/Employer/Business: | Supervisor: | Supervisor's Position/Title: |
|---|---|---|
| Address: | Province: | Postal Code: |
| Telephone Number: | Fax Number: | Registration Number (Self-employment): |

| Dates of Employment | Total number of hours of work experience in the trade with the above company: |
|---|---|

**I solemnly declare that the information provided, to the best of my knowledge, is true.**

| Applicants Signature | Date |
|---|---|

**C. This section to be completed by: Declaration of Official**

| Last Name: | First Name: |
|---|---|
| Occupation: ☐ Commissioner of Oaths ☐ Notary Public ☐ Lawyer | |
| Telephone Number: | Declared before me on date (D/M/Y): |
| Signed at (City, Province): | Signature of Official: |