



EXAMINATION REQUEST - CERTIFICATE OF ACHIEVEMENT

**Application To Challenge
Service Station Mechanic**

1. Personal Information

Name: _____	Trade: _____
Address: _____ _____	Date of Birth: _____ <small>(Day) (Month) (Year)</small>
Postal Code: _____	Telephone #: _____
	Email: _____

The cost of the examination is \$50. Please make cheques payable to the Minister of Finance and Municipal Affairs. Payment due on day of exam. Cash or money order also accepted.

To qualify to challenge the Certificate of Achievement examination as a **Service Station Mechanic**, you must provide proof of having worked a minimum of **4000** hours (2 years within the last 4 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. **If you are an apprentice, please attach a photocopy of the Record Of Employment from your log book.**

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)
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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 Certificate of Achievement.
- 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 journey person 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.

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: Service Station Mechanic

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.

Table with 4 columns: Trade Areas, Applicant's Signature Verifying Competence, Journeyperson's Signature Verifying Competence, Journeyperson's Certificate Number. Rows include Safety and General Trade Knowledge, Suspension and Tires, Electrical Systems, Brakes, Steering and Alignment, Engine Systems, Drivelines.

Journeyperson's Name (please print): _____

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

Name: _____ Contact #: _____

Name: _____ Contact #: _____



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Employer Declaration Form

TRADE: Service Station Mechanic

A. Applicant Information

Last Name:	First Name:	Middle Name(s):
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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 **Service Station Mechanic** with your company. It is an offence under the *Apprenticeship and Trades Qualification Act* and Regulations to provide false information.



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Application To Challenge
Service Station Mechanic

Employer Declaration Form

TRADE: Service Station Mechanic

A. Applicant Information

Form with three columns: Last Name, First Name, Middle Name(s)

B. Employer Information (To be completed by employer)

Form with fields for Name of Employer, Supervisor, Supervisor's Position/Title, Address, Province, Postal Code, Telephone Number, Fax Number

C. Employment Information (To be completed by employer)

Form with fields for Trade/Occupation, Dates of Employment, Total number of hours of experience, Name and position of employer, Signature of employer

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Application To Challenge
Service Station Mechanic

Employer Declaration Form

TRADE: Service Station Mechanic

A. Applicant Information

Form with fields: Last Name, First Name, Middle Name(s)

B. Employer Information (To be completed by employer)

Form with fields: Name of Employer, Supervisor, Supervisor's Position/Title, Address, Province, Postal Code, Telephone Number, Fax Number

C. Employment Information (To be completed by employer)

Form with fields: 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, 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 Service Station Mechanic 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: Service Station Mechanic

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

Form with three columns: Last Name, First Name, Middle Name(s)

B. Employer or Self-Employment Information

Form with three rows: Name of Organization/Supervisor/Position, Address/Province/Postal Code, Telephone/Fax/Registration Number

Form with two columns: Dates of Employment (Start/End) and Total number of hours of experience

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

Form with four rows: Name, Occupation (Commissioner/Notary/Lawyer), Telephone/Declared date, Signed at/Signature