



UTILITY ARBORIST EMPLOYER DECLARATION OF WORK EXPERIENCE

ITA Customer Service
800 – 8100 Granville Ave.
Richmond, BC V6Y 3T6
Tel: 778-328-8700
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Toll Free: 1-866-660-6011
customerservice@itabc.ca

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **3,567 hours** performing the tasks listed in Section D,
- 1800 hours in proximity to energized power lines, and
- experience performing at least **70%** of the job tasks listed in Section D

Holders of a Tree Climber/Trimmer Certification issued by the Western Utility Arborist Association (WUAA) with a minimum of 1,800 hours in proximity to energized power lines are eligible to challenge the Certificate of Qualification Examination.

NOTE: Only applicants with credentials from outside of British Columbia will be accepted to undertake the challenge process. Only certified Utility Arborists and Utility Arborist apprentices are permitted to perform tree pruning or falling work in proximity to energized power lines in British Columbia.

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant's work experience in this trade. This form must be completed by a **direct supervisor of the applicant**, who will be contacted by ITA.

Note: An Employer Declaration of Work Experience form must be completed by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge or Supervision and Sign-Off Authority**.

A. Applicant Name

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

Name of Organization/Employer/Business:		
First and Last Name of Applicant's Direct Supervisor:		Supervisor Position or Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ()	Mobile Phone Number: ()	Supervisor E-Mail Address:



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C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY): From: _____ To: _____	Total Number Hours of Utility Arborist Experience Accumulated in that Period: _____
Job Title of Applicant: _____	

D. Supervisor Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declaration Response
Regulations and Other Occupational Skills <i>Includes:</i> Identified and applied relevant legislation and regulations to the worksite. Complied with the Utility's OH&S standards and Practices. Demonstrated preventive measures for Musculoskeletal Injury (MSI) and Repetitive Strain Injury (RSI). Identified worksite hazards and implemented safe work plan. Demonstrated workplace leadership and effective communication skills.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Power Equipment <i>Includes:</i> Demonstrated knowledge of critical components of an aerial lift truck and maintenance requirements for aerial lift with dump box and chipper. Demonstrated safe dump box operations. Demonstrated safe, basic aerial lift techniques/practices, and setup near live lines. Demonstrated safe chipper use.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Hand and Small Power Tools <i>Includes:</i> Used and maintained hand tools. Operated a variety of small power tools. Used and inspected ladders.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tree Work and Management <i>Includes:</i> Identified common trees in British Columbia. Described basic tree biology and its importance to good arboriculture practices. Pruned trees to appropriate industry standards. Identified common stem, root and crown, and pest/diseases in British Columbia. Assessed trees onsite.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Falling and Bucking <i>Includes:</i> Demonstrated safe chain saw use. Described, demonstrated and practiced the process of falling. Managed falling hazards. Recognized hazardous weather conditions. Recognized dangerous falling practices. Identified special falling techniques. Planned for limbing and bucking.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:



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Job Tasks	Declaration Response
Rigging <i>Includes:</i> Demonstrated rigging concepts including selection and use of ropes. Selected and used knots, hitches, slings, and hardware in rigging. Selected and used appropriate rigging techniques. Performed cuts for various situations.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Climbing <i>Includes:</i> Selected and inspected basic climbing gear. Conducted pre-climb assessments. Climbed using various techniques. Conducted post-climb job and gear inspection.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Emergency Response <i>Includes:</i> Demonstrated knowledge of First Aid certification requirements, precautions and procedures to prevent and suppress fires, and implementation of spill response. Performed aerial bucket rescue. Performed aerial tree rescue.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Job Planning and Risk Assessment <i>Includes:</i> Conducted site inspections. Developed and communicated safe job plan. Conducted pre-job preparation. Ensured regulatory compliance.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Powerline Awareness (This task is mandatory) <i>Includes:</i> Completed a minimum of 1,800 hours of the work-based training in <i>proximity</i> to energized power lines. (<i>Proximity is defined as a distance of three meters or less from a primary conductor with a voltage of 750 volts or greater.</i>) Applied OH&S regulations Part 19. Demonstrated knowledge of basic principles of electricity, associated terms, and basic powerline systems. Identified utility overhead structures and components. Identified sources of electrical hazards. Demonstrated knowledge of the methods of electrical hazards abatement and the requirements for limits to approach. Demonstrated knowledge of the methodology for obtaining appropriate system protection.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.

I verify that the applicant has attained all the prerequisite credentials or certification required to be considered eligible to challenge or receive Supervision and *Sign-Off* Authority in this trade.

- A minimum of 1,800 hours in proximity to energized power lines (proximity is defined as a distance of three metres or less from a primary conductor with a voltage of 750 volts or greater)

Proximity Verification Declaration

Year/Month	Utility	Location	Number of Hours

F. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name: