



ARBORIST TECHNICIAN

EMPLOYER DECLARATION OF WORK EXPERIENCE

ITA Customer Service
800 – 8100 Granville Ave.
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
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 **2,400** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

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 the Industry Training Organization (ITO) responsible for this trade, or 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: |
|-------------------|-----------------------|------------------|

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: |

C. Employment Information of Applicant

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



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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 including: Identifying relevant legislation and regulations and work site hazards and develop and implement safe work plan, explain Musculoskeletal Injury (MSI) and Repetitive Strain Injury (RSI), describing electrical systems and hazards. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Power Equipment including: Uses a chipper in a safe and effective manner, operating a single axle non-air brake dump truck and stump grinder and works safely and effectively on ground operations while using an aerial lift truck. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Hand And Small Power Tools including: Uses and maintains hand tools, operates a variety of small power tools, uses and inspects ladders. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Tree Work and Management including: Able to identify common trees and shrubs in British Columbia, describes basic tree biology and its importance to good arboriculture practices, safely prune trees and shrubs to appropriate industry standards, safely plant trees to industry standards. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Falling and Bucking including: demonstrates safe chain saw use, describes, demonstrates and practices the process of falling, manages falling hazards, recognizes hazardous weather conditions, recognizes dangerous falling practices, identifies special falling techniques, plans for limbing and bucking. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Rigging including: Describes rigging concepts including selection and use of ropes, selects and use knots, hitches and slings in rigging, uses various types of hardware in rigging systems, selects and use friction control devices for rigging. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Climbing including: Selecting and inspecting basic climbing gear. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Emergency Response including: Evacuate Worker, review and describe First Aid certification requirements, describe precautions and procedures to prevent and suppress fires, implement spill response. | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

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.

There are no prerequisite credentials or certificates for this trade.

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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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: |
|---------------------------------|--------------------------------|