



ARBORIST TECHNICIAN

STATUTORY 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 E, and
- experience performing at least **70%** of the job tasks listed in Section E

A Statutory Declaration of Work Experience is used to declare work experience for periods during which you were self-employed or a previous employer is unavailable to complete an Employer Declaration. Please note that unless your work experience hours were gained through self-employment, Certification Challenge and Supervision and Sign-Off Authority applications will not be accepted if they are only accompanied by a Statutory Declaration. Non-self-employed applicants must provide an Employer Declaration from at least one employer who can verify work experience. For more information, see **Instructions for Certification Challenge or Supervision and Sign-off Authority**.

The information provided on this form is used to assess and to validate your work experience in this trade.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Supervisor or Self-Employment Contact Information

Enter the contact information for the Supervisor at your previous employer who is unavailable to complete an Employer Declaration, or for your own business if you are self-employed.

Name of Organization/Employer/Business:		Supervisor Name:	Supervisor's Position/Title:
Suite Number:	Street Number and Name:		
City:	Province:	Postal Code:	
Telephone Number: ()	Email Address:	Business Registration Number: (Self-Employment only)	

C. Employment or Self-Employment Information of Applicant

Enter the dates and number of hours for this period of employment or self-employment. Combine multiple periods of self-employment on one form, but separate periods of employment with different employers on separate forms.

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

D. Reason for Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment:



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- Applicant was self-employed Employer will not complete Employer Declaration
- Employer is no longer in business Employment records are not available

Applicants must attempt to contact current or previous employers to request an Employer Declaration. If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed work experience, indicate the steps you have taken to try to obtain it. If sufficient evidence of steps taken is not provided, the application may not be approved.

E. Statutory Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you have performed the job tasks listed below. Cross out any job tasks you did not perform during the period indicated in Section C.

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"/>

Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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Job Tasks	Declaration Response
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"/>

F. 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, you must prove you have the required prerequisite credentials.

There are no prerequisite credentials or certificates for this trade.

G. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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H. References

References must accompany all Statutory Declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), former employees (maximum one), contractors, or regular, long-term clients (maximum one).

Each individual listed will be contacted by ITA to verify the information provided on your application.

1. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

2. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

3. Reference

Legal Last Name of Reference:	Legal First Name of Reference:
Organization/Business Name:	Position/Title:
Business Phone Number:	Reference Cell Number:
Relationship to Applicant:	Email Address:

Enter the applicant name (repeat on every page of this form).

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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