



CLIMBING ARBORIST

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, you must have:

- Arborist Technician Certificate of Qualification
- Worked a minimum of **2,700 hours** performing some or all of the job tasks listed in Section E of this form, and
- Experience performing at least **70%** of these tasks

To qualify to supervise and sign-off apprentices in this trade, you must have:

- Worked a minimum of **2,700 hours** performing some or all of the job tasks listed in Section E of this form, and
- Experience performing at least **70%** of these tasks

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, your application to challenge certification will not be accepted if it is 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**.

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

If you are challenging this trade, once your application is approved, you must pass a written and practical exam to receive certification. The written exam is administered by ITA and the practical exam is administered by HortEducationBC (HEBC) on behalf of ITA. See Section I.

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)	



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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 Climbing Arborist 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:

- 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.

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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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 <i>Including:</i> Apply regulations to the job site, describe workplace leadership and communication, read and interpreted a work order to prepare for tasks, conducted Hazard Assessments to ensure industry safe work practices and regulatory compliance, prepared the worksite and equipment for climbing, pruning and rigging tasks, and communicated effectively in both written and verbal formats with client, crew, onsite personnel and regulatory officials as required	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Power Equipment: <i>Including:</i> Work safely and effectively during aerial operations with aerial lift device.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tree Work and Management <i>Including:</i> Identify common trees in British Columbia, identify common stem and root crown diseases in British Columbia, Identify common woody plant pests and diseases in British Columbia, Assess trees on site, Perform appropriate actions to solve abiotic tree disorders, Safely prune trees to appropriate industry standards, Select trees for site, Structurally support trees conditions, Demonstrated safe and appropriate chainsaw handling, Demonstrated safe and appropriate cuts, Performed pruning tasks using a hand saw, Performed sectional removal using safe and efficient rigging techniques, Communicated effectively with crew and onsite personnel, Inspected tools and equipment in accordance with industry safe work practices and manufacturer’s specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Rigging <i>Including:</i> Select and use appropriate rigging techniques, Perform cuts for various situations, Demonstrated safe and efficient rope handling, Demonstrated safe and efficient rope handling, Exited the tree safely and efficiently	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Climbing <i>Including:</i> Conduct pre-climb assessment, Select and inspect climbing gear, Climb using various techniques, Conduct advanced post-climb job and gear inspection, Conducted post-climb inspections of tree and site, Used safe and efficient techniques for spur climbing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Emergency Response <i>Including:</i> Perform aerial rescue, Developed an emergency response plan, Performed a canopy and spar pole aerial rescue following the emergency response plan to a minimum of 20 ft./7m, Communicated with crew, onsite personnel, emergency response services, and regulatory officials, Completed required documentation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Job Planning and Risk Assessment <i>Including:</i> Conduct site inspections, Develop and communicate safe job plan, Conduct pre-job preparation, Ensure regulatory compliance, Communicated effectively in verbal and written formats with clients, crew, onsite personnel, emergency response services and regulatory officials, Communicated effectively with ground crew while in the trees (hand signals, voice and visual)	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. For those trades, you must prove you have the required prerequisite credentials. This step is not required when applying for supervision and sign off authority for this trade.

I declare that I have attained the prerequisite certification required to be considered eligible to challenge this trade:

- Arborist Technician Certification of Qualification Copy of certificate attached

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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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).

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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 the Industry Training Organization (ITO) responsible for this trade or 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).

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I. Scheduling Your Practical Assessment – Challengers Only

Once you have been approved to write your exam and have successfully passed your Climbing Arborist – Certificate of Qualification written exam, you will need to contact HortEducationBC (HEBC) to arrange your practical assessment. HEBC offers practical assessment for approved challengers at a specific time of year, who have successfully written their Certificate of Qualification exam through ITA, with assessors to take their practical. Contact HEBC for dates and locations.

There is a fee of \$600 plus GST payable to HEBC to cover the cost of the practical assessment process. Do not send this payment in with the application; HEBC will advise you how to submit payment. Candidates need to provide a WorkSafeBC clearance letter & a certificate of insurance for a minimum of \$5 million liability insurance for their practical assessment.

HEBC's contact details are:

HortEducationBC (HEBC)
#102 - 19289 Langley ByPass
Surrey, BC
V3S 6K1
e-mail: info@horteducationbc.com
Telephone: 604.430.0422

Note: If approval is granted, ASSESSMENT MUST BE COMPLETED WITHIN 12 MONTHS FROM DATE OF APPROVAL. APPROVAL WILL EXPIRE AFTER 12 MONTHS. At that time re-submission of the application form and fee will be required. There may be requirements for upgrading prior to reassessments. Contact HEBC if you have questions regarding reassessment eligibility.

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

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