



LANDSCAPE HORTICULTURIST

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 **9,720 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Holders of Certificate of Qualification in Production Horticulturalist will be eligible to challenge this certification by documenting only 6,480 of directly related work experience.

Holders of Landscape Industry Certified Technician (CLT) certification in Ornamental Maintenance plus one other module within the CLT program will be eligible to challenge this certification by documenting only 8,720 of directly related work experience.

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:



LANDSCAPE HORTICULTURIST
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

C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of Landscape Horticulture Experience Accumulated in that Period:
From:	To:	
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
Safety <i>Includes:</i> Demonstrated knowledge of safety equipment, their applications, maintenance and procedures for use; demonstrated knowledge of safe work practices; demonstrated knowledge of regulatory requirements pertaining to safety.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Hand and power tools <i>Includes:</i> Demonstrated knowledge of hand, power and measuring tools and equipment, their applications, maintenance, and procedures for use.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Vehicles, equipment and machinery <i>Includes:</i> Demonstrated knowledge of vehicles/trailers, equipment and machinery, and their applications, operation and procedures for use.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plant science <i>Includes:</i> Demonstrated knowledge of plant growth and development; demonstrated knowledge of plant nutrient requirements.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plant identification <i>Includes:</i> Demonstrated knowledge of the International Code of Botanical Nomenclature used for plant identification; demonstrated knowledge of additional plants, their characteristics and cultural requirements.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Soil management <i>Includes:</i> Demonstrated knowledge of soil types and soil amendments.	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:
---------------------------------	--------------------------------



LANDSCAPE HORTICULTURIST
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

Job Tasks	Declaration Response
Fertilizers <i>Includes:</i> Demonstrated knowledge of the codes and regulations pertaining to fertilizers; demonstrated knowledge of the characteristics of fertilizers; demonstrated knowledge of the procedures and equipment used for the application, handling, transport, storage and disposal of fertilizers.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Communication <i>Includes:</i> Demonstrated knowledge of effective communication practices; demonstrated knowledge of communication equipment and their applications.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Site layout and surveying <i>Includes:</i> Demonstrated knowledge of the procedures used to perform site layout and surveying.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Pest and disease management <i>Includes:</i> Demonstrated knowledge of codes and regulations pertaining to pest and disease management; demonstrated knowledge of types of pests and diseases and the procedures used to manage them; demonstrated knowledge of the procedures used to handle, transport, apply, store and dispose of pest and disease management products and tools; demonstrated knowledge of pest control products, formulations and application equipment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Trade related documents <i>Includes:</i> Demonstrated knowledge of trade related documents and their use; demonstrated knowledge of the procedures used to prepare documentation.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plan reading <i>Includes:</i> Demonstrated knowledge of landscape plans and associated documentation.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Job planning <i>Includes:</i> Demonstrated knowledge of trade related documentation; demonstrated knowledge of the procedures used to plan job tasks.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Site protection, grading and drainage <i>Includes:</i> Demonstrated knowledge of the procedures used to protect features on the site; demonstrated knowledge of the procedures used to perform grading and install drainage systems; demonstrate knowledge of the installation of erosion control materials.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plant inventory management <i>Includes:</i> Demonstrated knowledge of the procedures for ordering, receiving, storing and transporting of plant materials.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plant installation <i>Includes:</i> Demonstrated knowledge of the procedures used to install herbaceous and woody plant materials.	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:
---------------------------------	--------------------------------



LANDSCAPE HORTICULTURIST
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

Job Tasks	Declaration Response
Turf establishment <i>Includes:</i> Demonstrated knowledge of turf establishment methods and their associated procedures.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Landscape pavers <i>Includes:</i> Demonstrated knowledge of the procedures used to install natural stone paver and modular precast concrete landscape pavers and slabs.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sales and customer relations <i>Includes:</i> Demonstrated knowledge of customer relations; demonstrated knowledge of sales techniques; demonstrated knowledge of products and services.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Plant care and maintenance <i>Includes:</i> Demonstrated knowledge of the procedures used to care and maintain herbaceous and woody plant materials; demonstrated knowledge of procedures used to care and maintain interior plants.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Pruning <i>Includes:</i> Demonstrated knowledge of the procedures used to inspect, maintain, store and transport pruning tools and equipment; demonstrated knowledge of the procedures for pruning; demonstrated knowledge of the procedures for the disposal of diseased and infested plant parts.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Turf maintenance <i>Includes:</i> Demonstrated knowledge of turf equipment and its care and maintenance; demonstrated knowledge of maintenance practices and procedures.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Irrigation <i>Includes:</i> Demonstrated knowledge of irrigation equipment and systems, their applications and operation; demonstrated knowledge of the procedures used to install, maintain, troubleshoot and repair irrigation equipment and systems.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Landscape walls <i>Includes:</i> Demonstrated knowledge of the procedures used to install natural stone and modular precast concrete wall units; demonstrate knowledge of the procedures used to maintain natural stone and modular precast concrete wall units.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Concrete construction <i>Includes:</i> Demonstrated knowledge of the procedures used to install poured concrete features; demonstrated knowledge of the procedures used to maintain poured concrete features.	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:
---------------------------------	--------------------------------



LANDSCAPE HORTICULTURIST
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

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.

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: