



**LANDSCAPE HORTICULTURIST**  
**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 **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.**

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:

### 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): From:                                  To:	Total Number Hours of <b>Landscape Horticulturist</b> Experience Accumulated in that Period:
Job Title of Applicant:	



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**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.

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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
<b>Safety</b> <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"/>
<b>Hand and power tools</b> <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"/>
<b>Vehicles, equipment and machinery</b> <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"/>
<b>Plant science</b> <i>Includes:</i> Demonstrated knowledge of plant growth and development; demonstrated knowledge of plant nutrient requirements.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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

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<b>Job Tasks</b>	<b>Declaration Response</b>
<b>Plant identification</b> <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"/>
<b>Soil management</b> <i>Includes:</i> Demonstrated knowledge of soil types and soil amendments.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Fertilizers</b> <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"/>
<b>Communication</b> <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"/>
<b>Site layout and surveying</b> <i>Includes:</i> Demonstrated knowledge of the procedures used to perform site layout and surveying.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Pest and disease management</b> <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"/>
<b>Trade related documents</b> <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"/>
<b>Plan reading</b> <i>Includes:</i> Demonstrated knowledge of landscape plans and associated documentation.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Job planning</b> <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"/>
<b>Site protection, grading and drainage</b> <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"/>

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Job Tasks	Declaration Response
<b>Plant inventory management</b> <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"/>
<b>Plant installation</b> <i>Includes:</i> Demonstrated knowledge of the procedures used to install herbaceous and woody plant materials.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Turf establishment</b> <i>Includes:</i> Demonstrated knowledge of turf establishment methods and their associated procedures.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>Landscape pavers</b> <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"/>
<b>Sales and customer relations</b> <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"/>
<b>Plant care and maintenance</b> <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"/>
<b>Pruning</b> <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"/>
<b>Turf maintenance</b> <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"/>
<b>Irrigation</b> <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"/>
<b>Landscape walls</b> <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"/>

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Job Tasks	Declaration Response
<b>Concrete construction</b> <i>Includes: Demonstrated knowledge of the procedures used to install poured concrete features; demonstrated knowledge of the procedures used to maintain poured concrete features.</i>	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).*

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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:

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