



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

This form is used to declare work experience for periods during which you were self-employed or a previous employer will not complete an Employer Declaration.

Note: *Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. For more information, see Instructions for Certification Challenge or Supervision and Sign-off Authority.*

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 **7,920 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

Holders of a **Certificate of Qualification (CofQ)** in **Production Horticulturist** will be eligible to challenge this certification by documenting **4,680** hours of directly related work experience.

Holders of a **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 **6,920** hours of directly related work experience.

A. Applicant Name

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

B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)
Mailing Address:		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ()	Email Address:	Website:

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

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



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C. Reason for Statutory Declaration

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

- Applicant was self-employed Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration filled out and signed.

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.

D. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

Job Tasks (14)	Declaration Response
Perform Safety-Related Functions Use PPE and safety equipment; maintain safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use Tools, Equipment and Vehicles Use hand tools, power tools, measuring equipment, vehicles and motorized equipment, trailers and attachments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organize Work Perform site assessments; use documentation and reference material; maintain records; participate in job planning activities; order materials; organize materials and equipment; transport materials and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Participate in Marketing and Sales Control inventory; sell products and services; maintain customer relations; prepare estimates	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use Communication and mentoring Techniques Use communication and mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply Horticultural Practices Practice basic plant science; identify plants and plant requirements; manage plant health and growing conditions; prune plant materials; manage pests, diseases and invasive species	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply Environmental Practices Practice environmental stewardship, biodiversity enhancement, soil stewardship, water stewardship	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 (14)	Declaration Response
Perform Pre-construction Activities Participate in landscape design activities; prepare construction site; perform grading; install drainage systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Hardscape Install landscape structures, surface materials, steps and retaining walls, irrigation systems, water features, low voltage landscape lighting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Softscape Install growing media, exterior landscape plants, mulch, turf from seed, sod, interior landscape plants; transplant plants	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Green Infrastructure Systems Select green infrastructure; install green roofs and walls, rainwater and stormwater management systems, erosion control, biodiverse plantings and natural areas	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain Hardscape Maintain drainage systems, landscape structures, surface materials, steps and retaining walls, irrigation systems, water features, landscape lighting; practice snow and ice control; repair hardscape	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain Softscape Maintain exterior softscape, interior softscape, turfgrass; propagate plant materials; repair softscape	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain Green Infrastructure Maintain green roofs and walls, rainwater and stormwater management systems, erosion control, biodiverse plantings and natural areas	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. 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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F. References

Minimum of Three References must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

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

1. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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

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