



PRODUCTION 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 **7,290 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 Landscape Horticulturalist will be eligible to challenge this certification by documenting only 4,050 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:

C. Employment Information of Applicant

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



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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
Use Occupational skills <i>Includes:</i> Use personal protective equipment (PPE), identify fire types and extinguishing methods, use WHMIS, recognition of work hazards, demonstrate basic horticultural skills, and identification of relevant legislations, regulations and standards.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use and maintain tools and equipment <i>Includes:</i> Use and maintain hand tools and power tools, use and maintain measuring equipment, operate vehicles and motorized equipment, maintain vehicles and motorized equipment, and use and maintain equipment attachments.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organize work <i>Includes:</i> Communicate with others, organize plants, materials and equipment, maintain safe work environment, and examine interpersonal and supervisory skills.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Manage growing facilities <i>Includes:</i> Manage climate controls and components, manage drainage systems, irrigation systems, fertigation systems, and manage sanitary environment.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Analyze and maintain plant health <i>Includes:</i> Identify plants and plant requirements, manage growing conditions, manage pests and diseases, describe plant science as it applies to horticulture, describe physical and biological characteristics of soil and soilless media, and Describe chemical characteristics of soil and soilless media, examine properties of soilless media and fertilizers in relation to container production , and identify and control weeds.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Manage nursery, field and container crops <i>Includes:</i> Propagate nursery, field, and container crops, produce nursery, field and container crops, harvest and ship nursery field crops, and process and ship nursery container crops.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Oversee nursery production and system operations <i>Includes:</i> Analyze profitability, costs, efficiency, labour and control of inventory, oversee maintenance of nursery and greenhouse facility, describe industry standards, regulations and programs for managing phytosanitary risk, and manage production employees.	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:
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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)
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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:
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