



UTILITY ARBORIST STATUTORY DECLARATION OF WORK EXPERIENCE

ITA Customer Service
800 – 8100 Granville Ave.
Richmond, BC V6Y 3T6
Tel: 778-328-8700
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Toll Free: 1-866-660-6011
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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 **3,567 hours** performing the tasks listed in Section D, of which 1,800 hours must be in proximity to energized power lines, and
- experience performing at least **70%** of the job tasks listed in Section E

Holders of a Tree Climber/Trimmer Certification issued by the Western Utility Arborist Association (WUAA) with a minimum of 1,800 hours in proximity to energized power lines are eligible to challenge the Certificate of Qualification Examination.

NOTE: Only certified Utility Arborists and Utility Arborist apprentices are permitted to perform tree pruning or falling work in proximity to energized power lines in British Columbia. The Utility Arborist challenge pathway is only open to challengers who have trade-related work experience from outside of BC.

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)	



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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): From: _____ To: _____	Total Number Hours of Utility Arborist Experience Accumulated in that Period: _____
Job Title of Applicant: _____	

D. Reason for Statutory Declaration

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

- | | |
|--|--|
| <input type="checkbox"/> Applicant was self-employed | <input type="checkbox"/> Employer will not complete Employer Declaration |
| <input type="checkbox"/> Employer is no longer in business | <input type="checkbox"/> 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.

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>Includes:</i> Identified and applied relevant legislation and regulations to the worksite. Complied with the Utility's OH&S standards and Practices. Demonstrated preventive measures for Musculoskeletal Injury (MSI) and Repetitive Strain Injury (RSI). Identified worksite hazards and implemented safe work plan. Demonstrated workplace leadership and effective communication skills.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks	Declaration Response
<p>Power Equipment</p> <p><i>Includes:</i> Demonstrated knowledge of critical components of an aerial lift truck and maintenance requirements for aerial lift with dump box and chipper. Demonstrated safe dump box operations. Demonstrated safe, basic aerial lift techniques/practices, and setup near live lines. Demonstrated safe chipper use.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Hand and Small Power Tools</p> <p><i>Includes:</i> Used and maintained hand tools. Operated a variety of small power tools. Used and inspected ladders.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Tree Work and Management</p> <p><i>Includes:</i> Identified common trees in British Columbia. Described basic tree biology and its importance to good arboriculture practices. Pruned trees to appropriate industry standards. Identified common stem, root and crown, and pest/diseases in British Columbia. Assessed trees onsite.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Falling and Bucking</p> <p><i>Includes:</i> Demonstrated safe chain saw use. Described, demonstrated and practiced the process of falling. Managed falling hazards. Recognized hazardous weather conditions. Recognized dangerous falling practices. Identified special falling techniques. Planned for limbing and bucking.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Rigging</p> <p><i>Includes:</i> Demonstrated rigging concepts including selection and use of ropes. Selected and used knots, hitches, slings, and hardware in rigging. Selected and used appropriate rigging techniques. Performed cuts for various situations.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Climbing</p> <p><i>Includes:</i> Selected and inspected basic climbing gear. Conducted pre-climb assessments. Climbed using various techniques. Conducted post-climb job and gear inspection.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Emergency Response</p> <p><i>Includes:</i> Demonstrated knowledge of First Aid certification requirements, precautions and procedures to prevent and suppress fires, and implementation of spill response. Performed aerial bucket rescue. Performed aerial tree rescue.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>
<p>Job Planning and Risk Assessment</p> <p><i>Includes:</i> Conducted site inspections. Developed and communicated safe job plan. Conducted pre-job preparation. Ensured regulatory compliance.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>

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Job Tasks	Declaration Response
<p>Powerline Awareness (This task is mandatory)</p> <p><i>Includes:</i> Completed a minimum of 1,800 hours of the work-based training in <i>proximity</i> to energized power lines. (<i>Proximity is defined as a distance of three meters or less from a primary conductor with a voltage of 750 volts or greater.</i>) Applied OH&S regulations Part 19. Demonstrated knowledge of basic principles of electricity, associated terms, and basic powerline systems. Identified utility overhead structures and components. Identified sources of electrical hazards. Demonstrated knowledge of the methods of electrical hazards abatement and the requirements for limits to approach. Demonstrated knowledge of the methodology for obtaining appropriate system protection.</p>	<p>Yes: <input type="checkbox"/></p> <p>No: <input type="checkbox"/></p>

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.

I declare that I have attained the prerequisite credentials or certification required to be considered eligible to challenge or receive Supervision and Sign-off Authority in this trade:

- A minimum of 1,800 hours in proximity to energized power lines (proximity is defined as a distance of three metres or less from a primary conductor with a voltage of 750 volts or greater)

Proximity Verification Declaration

Year/Month	Utility	Location	Number of Hours

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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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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