



CLIMBING ARBORIST
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

This form is used to declare work experience for periods of employment and must be completed by a direct supervisor of the applicant, who will be contacted by ITA.

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.

To qualify to challenge certification in this trade, individuals must have:

- Arborist Technician Certificate of Qualification (attach copy of document)
worked a minimum of 2,700 hours performing the tasks listed in Section D, and
experience performing at least 70% of the job tasks listed in Section D

To qualify to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of 2,700 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 in Utility Arborist will be eligible to challenge this certification by documenting 1,900 hours of directly related work experience.

Note: Once you have been approved to write your exam and have successfully passed your Climbing Arborist certificate of qualification written exam, you will need to contact HortEducation BC (HEBC) to arrange your practical assessment.

A. Applicant Name

Enter the name of the individual for whom this form is being completed.

Table with 3 columns: Legal First Name, Legal Middle Name(s), Legal Last Name

B. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

Table with 4 rows and 3 columns for employment information: Organization, Address, Province/State, Country, Phone Number, Website, etc.

Enter the dates and number of hours for this period of employment.

Table with 2 columns: Dates of Applicant's Employment (From/To), Total Number Hours of Climbing Arborist Experience Accumulated in that Period

Job Title of Applicant



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C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by ITA.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ()	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks (7)	Declaration Response
REGULATIONS AND OTHER OCCUPATIONAL SKILLS <i>Including:</i> Apply regulations to the job site, describe workplace leadership and communication, read and interpreted a work order to prepare for tasks, conducted Hazard Assessments to ensure industry safe work practices and regulatory compliance, prepared the worksite and equipment for climbing, pruning and rigging tasks, and communicated effectively in both written and verbal formats with client, crew, onsite personnel and regulatory officials as required	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
POWER EQUIPMENT: <i>Including:</i> Work safely and effectively during aerial operations with aerial lift device.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
TREE WORK AND MANAGEMENT <i>Including:</i> Identify common trees in British Columbia, identify common stem and root crown diseases in British Columbia, Identify common woody plant pests and diseases in British Columbia, Assess trees on site, Perform appropriate actions to solve abiotic tree disorders, Safely prune trees to appropriate industry standards, Select trees for site, Structurally support trees conditions, Demonstrated safe and appropriate chainsaw handling, Demonstrated safe and appropriate cuts, Performed pruning tasks using a hand saw, Performed sectional removal using safe and efficient rigging techniques, Communicated effectively with crew and onsite personnel, Inspected tools and equipment in accordance with industry safe work practices and manufacturer`s specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
RIGGING <i>Including:</i> Select and use appropriate rigging techniques, Perform cuts for various situations, Demonstrated safe and efficient rope handling, Demonstrated safe and efficient rope handling, Exited the tree safely and efficiently	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CLIMBING <i>Including:</i> Conduct pre-climb assessment, Select and inspect climbing gear, Climb using various techniques, Conduct advanced post- climb job and gear inspection, Conducted post-climb inspections of tree and site, Used safe and efficient techniques for spur climbing	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks (7)	Declaration Response
EMERGENCY RESPONSE <i>Including: Perform aerial rescue, Developed an emergency response plan, Performed a canopy and spar pole aerial rescue following the emergency response plan to a minimum of 20 ft./7m, Communicated with crew, onsite personnel, emergency response services, and regulatory officials, Completed required documentation</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
JOB PLANNING AND RISK ASSESSMENT <i>Including: Conduct site inspections, Develop and communicate safe job plan, Conduct pre-job preparation, Ensure regulatory compliance, Communicated effectively in verbal and written formats with clients, crew, onsite personnel, emergency response services and regulatory officials, Communicated effectively with ground crew while in the trees (hand signals, voice and visual)</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. 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 (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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