



TIDAL ANGLING GUIDE

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 individuals must have:

- worked a minimum of **750 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D

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 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**.

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:
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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:



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C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY): From: _____ To: _____	Total Number Hours of Tidal Angling Guide Experience Accumulated in that Period: _____
Job Title of Applicant: _____	
Vessel Type: _____	Vessel Length: _____
Areas Fished (check all that apply): <input type="checkbox"/> Strait of Georgia <input type="checkbox"/> Strait of Juan de Fuca <input type="checkbox"/> Haida Gwaii <input type="checkbox"/> North Coast/Hecate Strait <input type="checkbox"/> Central Coast/Queen Charlotte Sound <input type="checkbox"/> West Coast Vancouver Island <input type="checkbox"/> North Vancouver Island /Johnstone Strait <input type="checkbox"/> Other: _____	
Species Fished (check all that apply): <input type="checkbox"/> Salmon <input type="checkbox"/> Halibut <input type="checkbox"/> Ling Cod <input type="checkbox"/> Rockfish <input type="checkbox"/> Crab <input type="checkbox"/> Shrimp/Prawns <input type="checkbox"/> Other: _____	

D. Skill Assessment

Please indicate how often the applicant has demonstrated the skills and knowledge in the areas listed below during their period of employment with you.

Unit	Details	Frequently	Occasionally	Never
TAG-1	Encounter situations requiring basic first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Perform basic first aid procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-2	Respond to marine emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use marine safety and survival equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-3	Operate non-pleasure small vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Refuel non-pleasure small vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-4	Prepare voyage details and sailing plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use navigational aids and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-5	Operate VHF marine radio equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Make distress calls and DSC alerts according to procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-6	Communicate with colleagues and customers in a variety of situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communicate with supervisors and authorities according to protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-7	Work and interact effectively with others in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plan and manage time and tasks effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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Unit	Details	Frequently	Occasionally	Never
TAG-8	Respond to conflict situations safely and professionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Resolve conflict situations encountered in day to day operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-9	Use and share local tourism information in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-10	Follow maritime and tidal angling rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inform and instruct others of applicable rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-11	Apply and follow workplace safety policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use and adjust safety and personal protective equipment (PPE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-12	Interact appropriately with other coastal resource users while guiding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supervise the interactions of clients and colleagues with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-13	Interact with the local environment according to protocols/regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supervise the interaction of others with the coastal environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-14	Act in an environmentally responsible and sustainable manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Instruct and inform others about environmentally responsible and sustainable behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-15	Apply safe food, catch, and bait handling principles and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Identify and use cleaning and sanitizing products appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-16	Use and maintain angling tools and equipment appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Select and match tools and equipment to angling conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-17	Supervise the catch, release and retention of fish by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Follow and enforce regulations and limits related to recreational fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAG-18	Plan and schedule trip activities subject to a variety of circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Respond to clients special needs and requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Maintain all necessary trip logs and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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E. Confirmation of Prerequisite Credentials or Certificates

Evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials.

I have verified that the applicant has attained all the prerequisite credentials or certification required to be considered eligible to challenge in this trade.

- | | |
|--|--|
| <input type="checkbox"/> Marine Basic First Aid OR an equivalent First Aid training course that is over 16 hours in duration
<input type="checkbox"/> Small Vessel Operator Proficiency (SVOP)
<input type="checkbox"/> Marine Emergency Duties (MED) A3
<input type="checkbox"/> Restricted Operator's Certificate – Maritime (ROC-M) | <input type="checkbox"/> Copy of certificate attached
<input type="checkbox"/> Copy of certificate attached
<input type="checkbox"/> Copy of certificate attached
<input type="checkbox"/> Copy of certificate attached |
|--|--|

If you have other government issued certificates that exceed these certifications please contact go2 to confirm that they are acceptable substitutes

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)

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

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