



TIDAL ANGLING GUIDE

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

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

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

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.

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 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**.

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:
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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 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. Reason for Statutory Declaration

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

- Applicant was self-employed
- Employer will not complete Employer Declaration
- Employer is no longer in business
- 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.

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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E. 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"/>
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"/>

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

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Unit	Details	Frequently	Occasionally	Never
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"/>

F. 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.

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

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

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I. 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 the Industry Training Organization (ITO) responsible for this trade or 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:

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

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