



CLIMBING ARBORIST EMPLOYER DECLARATION OF WORK EXPERIENCE

ITA Customer Service
800 – 8100 Granville Ave.
Richmond, BC V6Y 3T6
Tel: 778-328-8700
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To qualify to challenge certification in this trade, you must:

- Have worked a minimum of **2,700 hours** performing some or all of the job tasks listed in Section D of this form, and
- Have experience performing at least **70%** of those tasks

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.

If you are challenging this trade, once your application is approved, you must pass a written and practical exam to receive certification. The written exam is administered by ITA and the practical exam is administered by HortEducationBC (HEBC) on behalf of ITA. See Section F.

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:

C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY): From: To:		Total Number Hours of Climbing Arborist 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
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"/>
Emergency Response <i>Including:</i> 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	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Job Planning and Risk Assessment <i>Including:</i> 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)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials. Prerequisite credentials for this trade are listed below.

Arborist Technician – Certificate of Qualification is a mandatory prerequisite for Climbing Arborist certification.

Date Completed (MM/DD/YYYY):	Certificate Number:
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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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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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F. Scheduling Your Practical Assessment – Challengers Only

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 HortEducationBC (HEBC) to arrange your practical assessment. HEBC offers practical assessment for approved challengers at a specific time of year, who have successfully written their Certificate of Qualification exam through ITA, with assessors to take their practical. Contact HEBC for dates and locations.

HEBC's contact details are:

HortEducationBC (HEBC)
#182-5489 Byrne Road
Burnaby, BC V5J 3J1
e-mail: info@horteducationbc.com
Telephone: 604.430.0422

There is a fee of \$600 payable to HEBC to cover the cost of the practical assessment process. Do not send this payment in with the application; HEBC will advise you how to submit payment.

Note: If approval is granted, ASSESSMENT MUST BE COMPLETED WITHIN 12 MONTHS FROM DATE OF APPROVAL. APPROVAL WILL EXPIRE AFTER 12 MONTHS. At that time re-submission of the application form and fee will be required. There may be requirements for upgrading prior to reassessments. Contact HEBC if you have questions regarding reassessment eligibility.

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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