

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 SkilledTradesBC.

**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.

“Landscape Horticulturists” identify, propagate, cultivate, grow and maintain plants, and manage injured and diseased trees and plants. They create and modify landscapes by measuring, designing, and interpreting plans. They construct and maintain gardens, parks, golf courses and other landscape environments. Landscape horticulturists install and maintain hard landscape elements such as retaining walls, patios, walkways and water features. In addition, they advise clients on issues related to horticulture and landscape construction. They are employed by landscape designers, architects and contractors, lawn service and tree care establishments, recreation facilities, golf courses, parks, nurseries, greenhouses, and municipal, provincial and federal governments. They may also be self-employed.

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 **7,920 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 (CofQ)** in **Production Horticulturist** will be eligible to challenge this certification by documenting **4,680 hours** of directly related work experience.

Holders of a **Certified Landscape Horticulturist Technician (CLHT)** certification in **Ornamental Maintenance** plus one other module within the CLHT program will be eligible to challenge this certification by documenting **6,920 hours** of directly related work experience.

### 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. Employment Information of Applicant

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

Name of Organization/Employer/Business:		
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ( )	Website:	

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

Dates of Applicant's Employment (MM/DD/YYYY):		Total Number Hours of <b>Landscape Horticulturist</b> Experience Accumulated in Period:
From:	To:	
Job Title of Applicant:		

### 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 SkilledTradesBC.

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 (69)	SUPERVISOR DECLARATION RESPONSE	
<b>Performs Safety-Related Functions</b>		
Uses PPE and safety equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains safe work environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Uses Tools, Equipment and Vehicles</b>		
Uses hand tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses measuring equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses vehicles and motorized equipment, trailers and attachments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Organizes Work</b>		
Performs site assessments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses documentation and reference material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains records	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participates in job planning activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Orders materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Supervisor must enter name and initials on every page of this form*

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

JOB TASKS (69)	SUPERVISOR DECLARATION RESPONSE	
Organizes materials and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transports materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transports equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Participates in Marketing and Sales</b>		
Controls inventory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sells products and services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains customer relations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares estimates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Uses Communication and mentoring Techniques</b>		
Uses communication techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Applies Horticultural Practices</b>		
Practices basic plant science	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies plants and plant requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manages plant health and growing conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prunes plant materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manages pests, diseases and invasive species	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Applies Environmental Practices</b>		
Practices environmental stewardship	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Practices biodiversity enhancement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Practices soil stewardship	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Practices water stewardship	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Performs Pre-construction Activities</b>		
Participate in landscape design activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares construction site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs grading	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Supervisor First and Last Name (Please Print):	
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JOB TASKS (69)	SUPERVISOR DECLARATION RESPONSE	
Install drainage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Installs Hardscape</b>		
Installs landscape structures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs surface materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs steps and retaining walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs irrigation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs water features	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs low voltage landscape lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Installs Softscape</b>		
Installs growing media	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs exterior landscape plants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs mulch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs turf from seed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs sod	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs interior landscape plants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transplants plants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Install Green Infrastructure Systems</b>		
Selects green infrastructure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs green roofs and walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs rainwater and stormwater management systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs erosion control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs biodiverse plantings and natural areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Maintains Hardscape</b>		
Maintains drainage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains landscape structures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains surface materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Supervisor First and Last Name (Please Print):	
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JOB TASKS (69)	SUPERVISOR DECLARATION RESPONSE	
Maintains steps and retaining walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains irrigation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains water features	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains landscape lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Practices snow and ice control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs hardscape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Maintains Softscape</b>		
Maintains exterior softscape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains interior softscape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains turfgrass	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Propagates plant materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repairs softscape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Maintains Green Infrastructure</b>		
Maintains green roofs and walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains rainwater and stormwater management systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains erosion control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains biodiverse plantings and natural areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is true and 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 Signature:	Date Signed: (MM/DD/YYYY)
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Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials: