

This form is used to declare work experience for periods during which you were self-employed, or a previous employer will not complete an Employer Declaration.

Note: Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. 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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

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

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

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

C. Reason for Statutory Declaration

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

- ☐ Applicant was self-employed ☐ Employer will/can not complete Employer Declaration

Applicants **must** attempt to contact current or previous employers to request an Employer Declaration to be filled out and signed.

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.**

D. Statutory Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

JOB TASKS (69)	DECLARATION RESPONSE	
Performs Safety-Related Functions		
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
Uses Tools, Equipment and Vehicles		
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
Organizes Work		
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

Enter the applicant's initials on every page of this form

I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Initials:
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JOB TASKS (69)	DECLARATION RESPONSE	
Participates in job planning activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Orders materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
Participates in Marketing and Sales		
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
Uses Communication and mentoring Techniques		
Uses communication techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses mentoring techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies Horticultural Practices		
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
Applies Environmental Practices		
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
Performs Pre-construction Activities		
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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JOB TASKS (69)	DECLARATION RESPONSE	
Install drainage systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installs Hardscape		
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
Installs Softscape		
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
Install Green Infrastructure Systems		
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
Maintains Hardscape		
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
Maintains steps and retaining walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintains irrigation systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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LANDSCAPE HORTICULTURIST

STATUTORY DECLARATION OF WORK EXPERIENCE

SkilledTradesBC 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@skilledtradesbc.ca

JOB TASKS (69)	DECLARATION RESPONSE	
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
Maintains Softscape		
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
Maintains Green Infrastructure		
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. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)
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F. References

Minimum of Three References must accompany **each Statutory Declaration form**. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by SkilledTradesBC to verify the information provided on your application.

1. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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