ARBORIST TECHNICIAN

EMPLOYER 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

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.

An "Arborist Technician" is a person who undertakes to prune and perform other work on trees from the ground. In their work Arborist Technicians identify plants, select rigging gear, and have knowledge of how to fall, limb and buck trees, assist climbers, chip brush, cut wood and clean-up sites after tree care operations.

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 **2,400 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

Holders of Utility Arborist Certificate of Qualification are eligible to challenge the Arborist Technician Certificate of Qualification Exam.

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:

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): From: To:	Total Number Hours of **Arborist Technician** Experience Accumulated in Period:
Job Title of Applicant:	

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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) ☐ English ☐ 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 (29)	SUPERVISOR DECLARATION RESPONSE	
Regulations and Other Occupational Skills		
Identifies relevant legislation and regulations and work site hazards and develops and implements safe work plan	☐ Yes	☐ No
Explains Musculoskeletal Injury (MSI) and Repetitive Strain Injury (RSI)	☐ Yes	☐ No
Describes electrical systems and hazards	☐ Yes	☐ No
Power Equipment		
Uses a chipper in a safe and effective manner	☐ Yes	☐ No
Operates a single axle non-air brake dump truck and stump grinder and works safely and effectively on ground operations while using an aerial lift truck.	☐ Yes	☐ No
Hand And Small Power Tools		
Uses and maintains hand tools	☐ Yes	☐ No
Operates a variety of small power tools	☐ Yes	☐ No
Uses and inspects ladders	☐ Yes	☐ 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:

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JOB TASKS (29)	SUPERVISOR DECLARATION RESPONSE	
Tree Work and Management		
Identifies common trees and shrubs in British Columbia	☐ Yes	☐ No
Describes basic tree biology and its importance to good arboriculture practices	☐ Yes	☐ No
Safely prunes trees and shrubs to appropriate industry standards	☐ Yes	☐ No
Safely plants trees to industry standards	☐ Yes	☐ No
Falling and Bucking		
Demonstrates safe chain saw use	☐ Yes	☐ No
Describes, demonstrates and practices the process of falling	☐ Yes	☐ No
Manages falling hazards	☐ Yes	☐ No
Recognizes hazardous weather conditions	☐ Yes	☐ No
Recognizes dangerous falling practices	☐ Yes	☐ No
Identifies special falling techniques	☐ Yes	☐ No
Plans for limbing and bucking	☐ Yes	☐ No
Rigging		
Describes rigging concepts including selection and use of ropes	☐ Yes	☐ No
Selects and uses knots	☐ Yes	☐ No
Hitches and slings in rigging	☐ Yes	☐ No
Uses various types of hardware in rigging systems	☐ Yes	☐ No
Selects and uses friction control devices for rigging	☐ Yes	☐ No
Climbing		
Selects and inspects basic climbing gear	☐ Yes	☐ No
Emergency Response		
Evacuates Worker	☐ Yes	☐ No

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Supervisor First and Last Name (Please Print):	
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JOB TASKS (29)	SUPERVISOR DECLARATION RESPONSE	
Reviews and describes First Aid certification requirements	☐ Yes	☐ No
Describes precautions and procedures to prevent and suppress fires	☐ Yes	☐ No
Implements spill response	☐ Yes	☐ 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)

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: