ARBORIST TECHNICIAN

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

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.

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

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 **Arborist Technician** Experience Accumulated in Period:
Job Title of Applicant:	

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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 (29)	DECLARATION RESPONSE	
Regulations and Other Occupational Skills		
Identifies relevant legislation and regulations and work site hazards and develop and implement 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

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 (29)	DECLARATION RESPONSE	
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
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 plant 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

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JOB TASKS (29)	DECLARATION RESPONSE	
Emergency Response		
Evacuates Worker	☐ Yes	☐ No
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. 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)

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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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: ☐ Former Employee ☐ Co-worker		☐ Contractor ☐ Client	☐ Supplier ☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker		☐ Contractor ☐ Client	☐ Supplier ☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker		☐ Contractor ☐ Client	☐ Supplier ☐ 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) ☐ English		☐ Other (specify):
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

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: