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

CLIMBING ARBORIST

EMPLOYER DECLARATION OF WORK EXPERIENCE

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.

A "Climbing Arborist "is a certified tradesperson who cares for and maintains trees and other woody shrubs. Climbing Arborists perform tasks such as tree risk assessments, pruning and removal of trees. In their work they use both climbing and aerial lift devices, rope and rope-tools for rigging. They also identify and remediate mechanical injuries, damage, other abiotic tree disorders, and common root and crown disorders.

To qualify to **challenge** certification in this trade, individuals must have:

- **Arborist Technician Certificate of Qualification** (attach copy of document),
- worked a minimum of **2,700 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

To qualify to **supervise and sign-off** on apprentices in this trade, individuals must have:

- worked a minimum of **2,700 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** in **Utility Arborist** will be eligible to challenge this certification by documenting **1,900 hours** of directly related work experience.

Note: 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 HortEducation BC (HEBC) to arrange your practical assessment.

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

SKILLED TRADES BC

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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 (42)	SUPERVISOR DECLARATION RESPONSE	
Regulations And Other Occupational Skills		
Applies regulations to the job sites	☐ Yes	☐ No
Describes workplace leadership and communication	☐ Yes	☐ No
Reads and interprets a work order to prepare for tasks	☐ Yes	☐ No
Conducts Hazard Assessments to ensure industry safe work practices and regulatory compliances	☐ Yes	☐ No
Prepares the worksite and equipment for climbing, pruning and rigging tasks	☐ Yes	☐ No
Communicates effectively in both written and verbal formats with clients, crew, onsite personnel and regulatory officials as required	☐ Yes	☐ No
Power Equipment		
Works safely and effectively during aerial operations with an aerial lift device	☐ Yes	☐ No
Tree Work And Management		
Identifies common trees in British Columbia	☐ Yes	☐ No
Identifies common stem and root crown diseases in British Columbia	☐ Yes	☐ No
Identifies common woody plant pests and diseases in British Columbia	☐ Yes	☐ No
Assesses trees on sites	☐ Yes	☐ No
Performs appropriate actions to solve abiotic tree disorders	☐ Yes	☐ No

Enter the supervisor's name and initials (repeat 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 (42)	SUPERVISOR DECLARATION RESPONSE	
Safely prunes trees to appropriate industry standards	☐ Yes	☐ No
Selects trees for sites	☐ Yes	☐ No
Structurally supports trees conditions	☐ Yes	☐ No
Demonstrates safe and appropriate chainsaw handling	☐ Yes	☐ No
Demonstrates safe and appropriate cuts	☐ Yes	☐ No
Performs pruning tasks using a hand saw	☐ Yes	☐ No
Performs sectional removal using safe and efficient rigging techniques	☐ Yes	☐ No
Communicates effectively with crew and onsite personnel	☐ Yes	☐ No
Inspects tools and equipment in accordance with industry safe work practices and manufacturer's specifications	☐ Yes	☐ No
Rigging		
Selects and uses appropriate rigging techniques	☐ Yes	☐ No
Performs cuts for various situations	☐ Yes	☐ No
Demonstrates safe and efficient rope handling	☐ Yes	☐ No
Exits trees safely and efficiently	☐ Yes	☐ No
Climbing		
Conducts pre-climb assessment	☐ Yes	☐ No
Selects and inspect climbing gear	☐ Yes	☐ No
Climbs using various techniques	☐ Yes	☐ No
Conducts advanced post-climb job and gear inspection	☐ Yes	☐ No
Conducts post-climb inspections of trees and sites	☐ Yes	☐ No
Uses safe and efficient techniques for spur climbing	☐ Yes	☐ No
Emergency Response		
Performs aerial rescue	☐ Yes	☐ No
Develops an emergency response plans	☐ Yes	☐ No
Performs a canopy and spar pole aerial rescues following the emergency response plan to a minimum of 20 ft./7m	☐ Yes	☐ No

Enter the supervisor's name and initials (repeat 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 (42)	SUPERVISOR DECLARATION RESPONSE	
Communicates with crew, onsite personnel, emergency response services and regulatory officials	☐ Yes	☐ No
Completes required documentation	☐ Yes	☐ No
Job Planning And Risk Assessment		
Conducts site inspections	☐ Yes	☐ No
Develops and communicates safe job plans	☐ Yes	☐ No
Conducts pre-job preparation	☐ Yes	☐ No
Ensures regulatory compliances	☐ Yes	☐ No
Communicates effectively in verbal and written formats with clients, crew, onsite personnel, emergency response services and regulatory officials	☐ Yes	☐ No
Communicates effectively with ground crew while in the tress (hand signals, voice and visual)	☐ 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)

Enter the supervisor's name and initials (repeat 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: