SkilledTradesBC Customer Service
800 – 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
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CLIMBING ARBORIST

STATUTORY DECLARATION OF WORK EXPERIENCE

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.

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

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)
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 **Climbing Arborist** 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 (42)	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

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:

SKILLED TRADES BC

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JOB TASKS (42)	DECLARATION RESPONSE	
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
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

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JOB TASKS (42)	DECLARATION RESPONSE	
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
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. 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	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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: