

UTILITY ARBORIST

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.

“Utility Arborist” means a person who undertakes any work required to prune or clear vegetation in proximity* to energized electrical equipment, structures and conductors or who in the course of utility line clearing operations, prunes, falls or removes trees which could come into contact with energized power lines.

***Proximity** is defined as a distance of three meters or less from a primary conductor with a voltage of 750 volts or greater.

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

- worked a minimum of **3,567 hours** performing the tasks listed in Section D, of which **1,800 hours** must be in proximity to energized power lines, and
- experience performing at least **70%** of the job tasks listed in Section D.

Holders of a **Tree Climber/Trimmer Certification** issued by the Western Utility Arborist Association (WUAA) with a minimum of 1,800 hours in proximity to energized power lines are eligible to challenge the Certificate of Qualification Examination.

NOTE: The Utility Arborist challenge pathway is only open to challengers who have trade-related work experience from outside of BC.

Only certified Utility Arborists and Utility Arborist apprentices are permitted to perform tree pruning or falling work in proximity to energized power lines in British Columbia.

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:
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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 Utility Arborist 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)	
<input type="checkbox"/> English <input type="checkbox"/> 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 (49)	SUPERVISOR DECLARATION RESPONSE	
Regulations and Other Occupational Skills		
Identifies and applies relevant legislation and regulations to the worksite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complies with the Utility's OH&S standards and Practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates preventive measures for Musculoskeletal Injury (MSI) and Repetitive Strain Injury (RSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies worksite hazards and implemented safe work plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates workplace leadership and effective communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power Equipment		
Demonstrates knowledge of critical components of an aerial lift truck and maintenance requirements for aerial lift with dump box and chipper	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates safe dump box operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates safe, basic aerial lift techniques/practices, and setup near live lines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates safe chipper use	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (49)	SUPERVISOR DECLARATION RESPONSE	
Hand and Small Power Tools		
Uses and maintains hand tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operates a variety of small power tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uses and inspects ladders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tree Work and Management		
Identifies common trees in British Columbia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describes basic tree biology and its importance to good arboriculture practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prunes trees to appropriate industry standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies common stem, root and crown, and pest/diseases in British Columbia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assesses trees onsite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Falling and Bucking		
Demonstrates safe chain saw use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates and practices the process of falling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manages falling hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recognizes hazardous weather conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recognizes dangerous falling practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies special falling techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Planes for limbing and bucking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rigging		
Demonstrates rigging concepts including selection and use of ropes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects and uses knots, hitches, slings, and hardware in rigging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Selects and uses appropriate rigging techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs cuts for various situations	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (49)	SUPERVISOR DECLARATION RESPONSE	
Climbing		
Selects and inspects basic climbing gear	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conducts pre-climb assessments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Climbs using various techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conducts post-climb job and gear inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Response		
Demonstrates knowledge of First Aid certification requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates precautions and procedures to prevent and suppress fires	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Implements spill response	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs aerial bucket rescue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performs aerial tree rescue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job Planning and Risk Assessment		
Conducts site inspections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Develops and communicates safe job plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conducts pre-job preparation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ensures regulatory compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Powerline Awareness (This task is mandatory)		
Completed a minimum of 1,800 hours of the work-based training in proximity to energized power lines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applies OH&S regulations Part 19	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates knowledge of basic principles of electricity and terms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates basic powerline systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies utility overhead structures and components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identifies sources of electrical hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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JOB TASKS (49)	SUPERVISOR DECLARATION RESPONSE	
Demonstrates knowledge of the methods of electrical hazards abatement and the requirements for limits to approach	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrates knowledge of the methodology for obtaining appropriate system protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Proximity Verification Declaration

- ☐ A minimum of **1,800 hours in proximity** to energized power lines (proximity is defined as a distance of three meters or less from a primary conductor with a voltage of 750 volts or greater)

Year/ Month	Utility	Location	Number of Hours

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)
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