

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.

“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

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 Utility Arborist Experience Accumulated in Period:
Job Title of Applicant:	

UTILITY ARBORIST

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

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 (49)	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

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 (49)	DECLARATION RESPONSE	
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
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

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JOB TASKS (49)	DECLARATION RESPONSE	
Performs cuts for various situations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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)	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. 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)
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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:			<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
			<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)			
		<input type="checkbox"/> English <input type="checkbox"/> Other (specify):			
Organization/Business Name:			Position/Title:		
Phone Number:			Email Address:		

2. Reference

Relationship to Applicant:			<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
			<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)			
		<input type="checkbox"/> English <input type="checkbox"/> Other (specify):			
Organization/Business Name:			Position/Title:		
Phone Number:			Email Address:		

3. Reference

Relationship to Applicant:			<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
			<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)			
		<input type="checkbox"/> English <input type="checkbox"/> Other (specify):			
Organization/Business Name:			Position/Title:		
Phone Number:			Email Address:		

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