

CLIMBING 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

Legal Last Name:

Legal Last Name:

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.

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

Legal Middle Name(s):

A. Applicant Name

Legal First Name:

B. Self-Employmen	t or Employment Infor	rmation of Applica	nt		
Enter the contact information in Declaration.	for your own business if you are	e self-employed or your p	revious en	nployer who will not complete an Employer	
Name of Organization/Employer/Business:			Business Registration Number: (Self-Employment only)		
Mailing Address:				City:	
Province/ State:	Country:			Postal Code/ Zip Code:	
Business Phone Number:	Email Address:		Website:		
Enter the dates and number of employment on one form, but				ry combine multiple periods of self- rs on separate forms.	
Dates of Employment (MM/DD/YYYY):		Total Number I that Period:	Total Number Hours of Climbing Arborist Experience Accumulated in that Period:		
From:	То:				

Legal First Name:

Enter the applicant name (repeat on every page of this form)

Legal Middle Name(s):



Job Title of Applicant:

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C. Reason for Statutory Declara	ation				
Indicate why a Statutory Declaration is require	d for this period of employment:				
☐ Applicant was self-employed	☐ Employer will/can not com	plete Employer Declaration			
Applicants must attempt to contact current or	previous employers to request an Employer Dec	laration to be filled out and sign	ned.		
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. If sufficient evidence of steps taken is not provided, the application may not be approved.					
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.					
period indicated in Section B.	lesponse column, indicate whether you have per	formed the job tasks listed belo			
	lesponse column, indicate whether you have per	formed the job tasks listed belo	Declar Resp	ration	
period indicated in Section B.		formed the job tasks listed belo	Declar	ration	
Job Tasks (7) REGULATIONS AND OTHER OCCUPATION Including: Apply regulations to the job site, de work order to prepare for tasks, conducted Ha compliance, prepared the worksite and equip		n, read and interpreted a practices and regulatory d communicated effectively	Declar	ration	
Job Tasks (7) REGULATIONS AND OTHER OCCUPATION Including: Apply regulations to the job site, de work order to prepare for tasks, conducted Ha compliance, prepared the worksite and equip	IAL SKILLS escribe workplace leadership and communicatio escrard Assessments to ensure industry safe work performent for climbing, pruning and rigging tasks, an	n, read and interpreted a practices and regulatory d communicated effectively	Declar Respo	ration onse	
Job Tasks (7) REGULATIONS AND OTHER OCCUPATION Including: Apply regulations to the job site, de work order to prepare for tasks, conducted Ha compliance, prepared the worksite and equip in both written and verbal formats with client,	SAL SKILLS escribe workplace leadership and communication lizard Assessments to ensure industry safe work purent for climbing, pruning and rigging tasks, and crew, onsite personnel and regulatory officials a	n, read and interpreted a practices and regulatory d communicated effectively	Declar Respo	ration onse	
Job Tasks (7) REGULATIONS AND OTHER OCCUPATION Including: Apply regulations to the job site, de work order to prepare for tasks, conducted Ha compliance, prepared the worksite and equipment in both written and verbal formats with client, POWER EQUIPMENT: Including: Work safely and effectively during a TREE WORK AND MANAGEMENT Including: Identify common trees in British Coldentify common woody plant pests and diseaselve abiotic tree disorders, Safely prune trees trees conditions, Demonstrated safe and approperformed pruning tasks using a hand saw, Pe	escribe workplace leadership and communication izard Assessments to ensure industry safe work put ment for climbing, pruning and rigging tasks, an acrew, onsite personnel and regulatory officials acremation with aerial lift device. Columbia, identify common stem and root crown asses in British Columbia, Assess trees on site, Peresto appropriate industry standards, Select trees from the columbia and regulatory officials acreformed sectional removal using safe and efficient te personnel, Inspected tools and equipment in	n, read and interpreted a practices and regulatory d communicated effectively is required diseases in British Columbia, form appropriate actions to persite, Structurally support and appropriate cuts, int rigging techniques,	Peclar Response	ration onse	
Job Tasks (7) REGULATIONS AND OTHER OCCUPATION Including: Apply regulations to the job site, de work order to prepare for tasks, conducted Ha compliance, prepared the worksite and equipment in both written and verbal formats with client, POWER EQUIPMENT: Including: Work safely and effectively during a TREE WORK AND MANAGEMENT Including: Identify common trees in British Coldentify common woody plant pests and diseasely abiotic tree disorders, Safely prune trees trees conditions, Demonstrated safe and appreperformed pruning tasks using a hand saw, Pe Communicated effectively with crew and onsi	escribe workplace leadership and communication to the secribe workplace leadership and communication to the secribe work place of the secretary of the secretar	n, read and interpreted a practices and regulatory d communicated effectively is required diseases in British Columbia, form appropriate actions to persite, Structurally support and appropriate cuts, int rigging techniques,	Yes: No: Yes: Yes:	ration onse	



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Job Tasks (7)				Declaration Response		
RIGGING			Yes:			
Including: Select and use appropriate rigging techniques, Perform cuts for various situations, Demonstrated safe and efficient rope handling, Demonstrated safe and efficient rope handling, Exited the tree safely and efficiently						
CLIMBING						
Including: Conduct pre-climb assessment, Select and inspect climbing gear, Climb using various techniques, Conduct advanced post-climb job and gear inspection, Conducted post-climb inspections of tree and site, Used safe and efficient techniques for spur climbing						
EMERGENCY RESPONSE						
Including: Perform aerial rescue, Developed an emergency response plan, Performed a canopy and spar pole aerial rescue following the emergency response plan to a minimum of 20 ft./7m, Communicated with crew, onsite personnel, emergency response services, and regulatory officials, Completed required documentation						
JOB PLANNING AND RISK ASSESSMENT						
Including: Conduct site inspections, Develop and communicate safe job plan, Conduct pre-job preparation, Ensure regulatory compliance, Communicated effectively in verbal and written formats with clients, crew, onsite personnel, emergency response services and regulatory officials, Communicated effectively with ground crew while in the trees (hand signals, voice and visual)			Yes: No:			
E. Applicant Signature I certify that the information I have provided is 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/YY)	YY)			

Enter the applicant name (repeat on every page of this form)

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



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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:	nployee	Contractor		Supplier
☐ Co-works		Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that re	ference can commu	nicate:	(Check all that apply)
	☐ English			Other (specify):
Organization/Business Name:	1	Position/Title	•	
Phone Number:		Email Address:	:	
2. Reference				
Relationship to Applicant: Grand Former E	nployee	Contractor		Supplier
☐ Co-worke		Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that ref	ference can commu	nicate:	(Check all that apply)
	☐ English			Other (specify):
Organization/Business Name:	•	Position/Title	:	
Phone Number:		Email Address:	:	
3. Reference		,		
Relationship to Applicant: Gramer E	nployee	Contractor		Supplier
☐ Co-works	r 🚨	Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference:	Language(s) that ref	ference can commu	nicate:	(Check all that apply)
	English			Other (specify):
Organization/Business Name:		Position/Title	:	
Phone Number:		Email Address:	:	
Enter the applicant name (repeat on every p	age of this form)			
Legal First Name:	Legal Middle Name(s	s):		Legal Last Name: