

**LANDSCAPE HORTICULTURIST
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.

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **7,920 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 (CofQ)** in **Production Horticulturist** will be eligible to challenge this certification by documenting **4,680** hours of directly related work experience.

Holders of a **Certified Landscape Horticulturist Technician (CLHT)** certification in **Ornamental Maintenance plus one other module within the CLHT** program will be eligible to challenge this certification by documenting **6,920** hours of directly related work experience.

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:		
Mailing Address:		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 Landscape Horticulturist Experience Accumulated in that Period:
Job Title of Applicant:		

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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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 (14)	Declaration Response
Perform Safety-Related Functions Use PPE and safety equipment; maintain safe work environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use Tools, Equipment and Vehicles Use hand tools, power tools, measuring equipment, vehicles and motorized equipment, trailers and attachments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Organize Work Perform site assessments; use documentation and reference material; maintain records; participate in job planning activities; order materials; organize materials and equipment; transport materials and equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Participate in Marketing and Sales Control inventory; sell products and services; maintain customer relations; prepare estimates	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use Communication and mentoring Techniques Use communication and mentoring techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply Horticultural Practices Practice basic plant science; identify plants and plant requirements; manage plant health and growing conditions; prune plant materials; manage pests, diseases and invasive species	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Apply Environmental Practices Practice environmental stewardship, biodiversity enhancement, soil stewardship, water stewardship	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform Pre-construction Activities Participate in landscape design activities; prepare construction site; perform grading; install drainage systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Hardscape Install landscape structures, surface materials, steps and retaining walls, irrigation systems, water features, low voltage landscape lighting	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@skilledtradesbc.ca

Job Tasks (14)	Declaration Response
Install Softscape Install growing media, exterior landscape plants, mulch, turf from seed, sod, interior landscape plants; transplant plants	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Install Green Infrastructure Systems Select green infrastructure; install green roofs and walls, rainwater and stormwater management systems, erosion control, biodiverse plantings and natural areas	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain Hardscape Maintain drainage systems, landscape structures, surface materials, steps and retaining walls, irrigation systems, water features, landscape lighting; practice snow and ice control; repair hardscape	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain Softscape Maintain exterior softscape, interior softscape, turfgrass; propagate plant materials; repair softscape	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain Green Infrastructure Maintain green roofs and walls, rainwater and stormwater management systems, erosion control, biodiverse plantings and natural areas	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, 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.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)
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Enter the supervisor and applicant names (repeat on every page of this form)

Supervisor First and Last Name:	Applicant First and Last Name:
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