



ARBORIST TECHNICIAN

EMPLOYER DECLARATION OF WORK EXPERIENCE

ITA 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@itabc.ca

D. Supervisor Declaration of Job Task Performance

By checking “Yes” or “No” in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks	Declaration Response
Regulations and Other Occupational Skills including: Identifying relevant legislation and regulations and work site hazards and develop and implement safe work plan, explain Musculoskeletal Injury (MSI) and Repetitive Strain Injury (RSI), describing electrical systems and hazards.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Power Equipment including: Uses a chipper in a safe and effective manner, operating a single axle non-air brake dump truck and stump grinder and works safely and effectively on ground operations while using an aerial lift truck.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Hand And Small Power Tools including: Uses and maintains hand tools, operates a variety of small power tools, uses and inspects ladders.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tree Work and Management including: Able to identify common trees and shrubs in British Columbia, describes basic tree biology and its importance to good arboriculture practices, safely prune trees and shrubs to appropriate industry standards, safely plant trees to industry standards.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Falling and Bucking including: demonstrates safe chain saw use, describes, demonstrates and practices the process of falling, manages falling hazards, recognizes hazardous weather conditions, recognizes dangerous falling practices, identifies special falling techniques, plans for limbing and bucking.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Rigging including: Describes rigging concepts including selection and use of ropes, selects and use knots, hitches and slings in rigging, uses various types of hardware in rigging systems, selects and use friction control devices for rigging.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Climbing including: Selecting and inspecting basic climbing gear.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Emergency Response including: Evacuate Worker, review and describe First Aid certification requirements, describe precautions and procedures to prevent and suppress fires, implement spill response.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates is required before the individual is permitted to challenge certification or receive Supervision and Sign-Off Authority. For those trades, proof that the applicant has the required prerequisite credentials must accompany the application.

There are no prerequisite credentials or certificates for this trade.

F. 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 from Page 1 on every page of this form

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