



Western Chapter ISA
31883 Success Valley Dr.
Porterville, CA 93257

INFORMATION & APPLICATION For Western Chapter International Society of Arboriculture Certified Tree Worker Program



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31883 Success Valley Dr. ~ Porterville, CA 93257
Phone: 866 785-8960 ~ Fax: 559 784-8711

Purpose

- To establish a meaningful standard of skill and work quality in trained and knowledgeable Tree Workers
- To establish and measure a minimum level of training and knowledge for arboricultural workers.
- To encourage continuing education for those who work in Arboriculture.
- To promote safe work practices and safety as a frame of mind.

Benefits

- Project a professional company image through advertising the employment of Certified personnel.
- Improve employment opportunities, as Certification insures an established minimum level of knowledge and training to prospective employers.
- Many contract specifications include a requirement to employ personnel that are Western Chapter Certified Tree Workers
- The various publications used to prepare for the tree worker examination and the continuing education requirements to obtain 18 CEUs in a 3-year period for recertification provide an initial and on-going training foundation and to maintain current skills and knowledge.



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Preparation

Preparation for the Western Chapter Certified Tree Worker examination may be satisfied by obtaining the following publications, which are available for purchase from the Western Chapter office :

- Tree Climbers' Guide. (English and Spanish)
- ANSI Z133.1-2006 Safety Requirements. (English & Spanish)
- ANSI A300 (Part 1)-2001 Pruning Standard Practices. (English only)
- ANSI A300 (Part 2)-1998 Fertilization (English only)
- BMP - Pruning 2002 (English only)

Additional information, which may be helpful in adding to the applicant's of knowledge in arboriculture, is referenced in the above publications.

Although not required, WCISA may schedule study sessions on a periodic basis to assist in preparing applicants for the examination. Contact the chapter office for more information at 866 785-8960.

Requirements

- Minimum age of 19 1/2
- 18 months of documented full-time field experience in arboriculture.
- Signed waiver form
- Sponsor (see other side of brochure)
- Safety equipment including work boots, hard hats, appropriate work clothing, safety glasses, and hearing protection. Climbing applicants must possess climbing saddles, climbing rope of appropriate size (120'), lanyard, handsaw and scabbard, pole pruner, and other equipment that is required to safely perform the performance practical examination. Sharing of personal safety is not allowed.
- Equipment must be ANSI approved and in good working condition. Equipment other than that specified as the minimum can be used, but must be approved by the judge prior to the exam. For new types of equipment that may not be in common use, the manufacturer's documentation for the equipment should be brought to the exam to support approval. Big Shots or other line installation devices will not be permitted. The judge will be the final authority in determining whether equipment is appropriate for use.
- All applicants must pass a written, 2 hour, multiple choice examination covering: Tree Identification, Pruning, Biology, Safety, Planting, and Cabling (Current Certified Arborists are excluded)
- Climbing applicants must pass a 30 minute performance practical examination covering: Safety, Pre-entry Inspections, Tree Climb, Knot Tying (6 of 7 knots), Rope Throw (20 - 25 feet), Work Climb (2 stations), Secured Entry, Descent, Advance Rope (to final tie-in position), and Tie-in.
- Aerial lift applicants must pass a 15 minute exam covering: Setting-up Lift, Entry Into Tree, Work Stations (2), Descent, Pre-entry Inspections, and Knot Tying (6 of 7 knots)
- Proof of training in CPR, first aid, and aerial rescue.

Note: Applicants will not be required to perform an aerial rescue on site. Applicants will not be allowed to take the knowledge and practical sections of the Certified Tree Worker examination until this requirement is satisfied.



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Applicant Information:

Mail documents to: Home Work

Applicant's Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Work Experience:

 Must be able to verify 18 months of experience required for Certification.

Company Name (Current): _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date Employed: _____ Supervisor: _____

Company Name (Past): _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date Employed: _____ to: _____ Supervisor: _____

Attach Separate Sheet if Necessary

Sponsor:

Sponsor must be an ISA Certified Arborist, WCISA Officer, Certification Committee member or WC Executive Director. Sponsor's signature attests to applicant's fulfillment of the minimum field experience requirements (18 months), verification of CPR, first aid and aerial rescue training, age and general qualifications to undertake the WCISA Certified Tree Worker Exam.

Sponsor Name: _____ Sponsor Company: _____

Certified Arborist #: _____ Sponsor Signature _____

Company Address: _____

City, State, Zip: _____ Phone: _____

Exam Information:

Requested Test Date: _____

Test Location: _____

Exam in: English Spanish

Exam requested: Written Oral

(If oral, state reasons on separate paper)

Practical: Climb Aerial Lift (If using Aerial Lift, contact the office for details)

Fees:

Non Chapter member \$150.00 Chapter member \$110.00 Chapter member number: CH-_____

Payment Type: VC MC AMX CHECK

Charge or Check number: _____ Exp Date: _____ Signature: _____

Note: The exam fees cover the initial exam costs and **one** retake plus the initial three-year certification. There is a \$35 charge for each additional retake up to one year at which time the applicant must resubmit a new application with test fee. No-shows will be counted as one attempt to take or retake the exam. Contact the chapter office for cost and availability of study materials at 866/785-8960.

Certified Arborist Information:

Arborist # _____ Expiration date: _____

Note: Current Certified Arborists are only required to complete the practical portion of the exam.



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Verification of Age, CPR, First Aid and Aerial Rescue Training

Applicant's Name: _____

To be **eligible** to take the WCISA Certified Tree Worker Exam, the candidate **must include** proof of age, training in CPR, First Aid, & Aerial Rescue.

- Proof of ID (Driver's License, Birth Certificate, etc.)
- Proof of training for CPR in the form of a CPR card from the Red Cross, American Heart Association, or other health care organization must be provided. (send a copy)
- Proof of training for First Aid in the form of First Aid Card from the Red Cross, American Heart Association, or other health care organization must be provided. (send a copy)
- Proof of training in aerial rescue can be any one of the following:
(Please check the appropriate item)
 - A certificate of completion of the NAA EHAP program.
 - A certificate of completion in training in Aerial Rescue. WCISA reserves right to verify source of training.
 - Other – Please contact the WCISA for approval.
 - A written verification from employer – Please complete the information below.

I hereby certify that my employee _____ has completed training in aerial rescue according to the most current revision of paragraph 3.3.4 of the ANSI Z133.1 standards.

By: _____ Supervisor Manager Owner (check one)
Of: _____ (Company Name)

Date of completion of training: _____

All Above sections must be filled out and documentation must be included with application.

Waiver

I agree to waive any right of action that I may have against the sponsors of said Western Chapter ISA Certification Examination and/or its agents, officers or employees or any person connected directly or indirectly with the Examination for any injury or other liability or damages that may result from demonstrating my ability in the Examination.

In the Interest of safety and exam congruity, any applicant may be prevented from taking or completing the exam or any portion, at the discretion of any proctor for suspicion of the influence or use of inhibiting medication, alcohol, other intoxicating substances or questionable general physical or emotional condition. Such decisions shall be final and not a source of liability for the Western Chapter ISA Certification Examination and/or its agents, officers, employees or other persons affiliated with the examination process.

I hereby acknowledge that I have read, understand and agree to the terms of the above Waiver Form.

Applicant's Signature: _____ Date: _____