

UTW/UTT Demonstrated Proficiency Checklist
(Prior to registration in the Utility Tree Worker/Trimmer Certification Course)

PERSONAL INFORMATION			
First Name:	Last Name:	Phone:	
Mailing Address:	City:	Province:	
Postal Code: Personal Em	nail Address:		
Employer (if applicable):		_ Phone:	
Employer Address:	City:	Province:	
Postal Code: Email Addr	ess:		
REQUIREMENT		Proof Attached	Verified (office use only)
Powerlines Form from the PVMA/IVI	A Verification of Hours Worked around MAA Utility Tree Trimmer & Utility Tree emonstrated Proficiency Record Book) ertified UTW/UTT or BC CUA		
Record of completion of Demonstrat Pages 1-11 of the PVMA/IVMAA Utili Certificate of Training & Demonstrat *Foreman signing must be a Certified *If you have an old record book (pre Se	ity Tree Worker & Utility Tree Trimmer ed Proficiency Record Book) d UTW/UTT or BC CUA		
	by a BC Certified Utility Arborist, a copy of his/ must be signed off on by a UTT or BC CUA (UTW		•
	Signature of Applicant:		
	Date:		
		For	Office Use Only:
PVM	A Certifier's Signature:		
P	VMA Certifier's Name:		