BOOM TRUCK OPERATOR – STIFF BOOM UNLIMITED TONNAGE

EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC 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@skilledtradesbc.ca

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.

"Stiff Boom Unlimited Tonnage" operator means a person who operates a truck mounted hydraulic stiff boom crane with capacity over 40 tonnes to perform lifts and hoists, places and secures loads, sets up the crane, takes down the crane and plans lifts and crane procedures.

To qualify to challenge certification in this trade, individuals must have:

- experience performing **all** the job tasks listed in Section D, and
- worked a minimum of **400 hours** of **operating stiff boom** equipment with **capacity greater than 40 tonnes**.

Once your challenge application is approved, the following completion requirements must be met for certification:

- SkilledTradesBC Certificate of Qualification Exam (CofQ)
- SkilledTradesBC Standardized Practical Assessment

You may attempt the CofQ and practical assessment in the order of your choosing.

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:

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:		
Business Address (Street Name/Number, Building/Unit Number):		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 **Boom Truck – Stiff Boom Unlimited Tonnage** Experience Accumulated in Period:
Job Title of Applicant:	

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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) ☐ English ☐ 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 (51)	SUPERVISOR DECLARATION RESPONSE	
Safety		
Demonstrate knowledge of safe working practices for crane operators	☐ Yes	☐ No
Demonstrate knowledge of power line hazards and high voltage equipment	☐ Yes	☐ No
Comply with WorkSafeBC Occupational Health and Safety Regulation (OHSR)	☐ Yes	☐ No
Communications	☐ Yes	☐ No
Demonstrate knowledge of personnel involved in crane operations		
Demonstrate knowledge of hand signals	☐ Yes	☐ No
Demonstrate knowledge of radio communications	☐ Yes	☐ No
Demonstrate knowledge of workplace communications	☐ Yes	☐ No
Use hand signals in the workplace	☐ Yes	☐ No
Use radio communications in the workplace	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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JOB TASKS (51)	SUPERVISOR DECLARATION RESPONSE	
Communicate information clearly and check for understanding in the workplace	☐ Yes	☐ No
Cranes		
Demonstrate knowledge of types of cranes and classifications	☐ Yes	☐ No
Demonstrate knowledge of terminology related to craning and craning concepts	☐ Yes	☐ No
Demonstrate knowledge of hoisting terminology, functions and systems	☐ Yes	☐ No
Demonstrate knowledge of regulatory requirements pertaining to cranes	☐ Yes	☐ No
Demonstrate knowledge of crane components and attachments for boom trucks	☐ Yes	☐ No
Demonstrate knowledge of engines and ancillary systems	☐ Yes	☐ No
Demonstrate knowledge of power transfer for boom trucks	☐ Yes	☐ No
Rigging And Lifting Theory		
Demonstrate knowledge of lifting theory and forces	☐ Yes	☐ No
Demonstrate knowledge of slings (all types), rigging hardware, materials, inspection and capacity cards	☐ Yes	☐ No
Demonstrate knowledge of wire rope hoist line construction and inspection	☐ Yes	☐ No
Use rigging hardware and tools in the workplace	☐ Yes	☐ No
Hoisting Fundamentals		
Demonstrate knowledge of determining load weights using fundamental math functions and calculations	☐ Yes	☐ No
Demonstrate knowledge of determining the capacity of a crane using load charts	☐ Yes	☐ No
Interpret load charts and load study drawings to configure crane for workplace operation	☐ Yes	☐ No
Transportation And Delivery		
Demonstrate knowledge of BC Ministry of Transportation – Commercial Transport rules and regulations	☐ Yes	☐ No
Demonstrate knowledge to prepare a boom truck and associated loads for highway/road travel	☐ Yes	☐ No

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JOB TASKS (51)	SUPERVISOR DECLARATION RESPONSE	
Prepare and transport a mobile crane to a worksite following all highway and traffic rules and regulations	☐ Yes	☐ No
Prepare a boom truck and associated loads for highway/road travel	☐ Yes	☐ No
Site Planning and Crane Positioning		
Demonstrate knowledge of accurate site assessment tools	☐ Yes	☐ No
Demonstrate knowledge to locate and safely position a crane	☐ Yes	☐ No
Conduct an accurate site assessment and safely position a boom truck with a folding boom (unlimited tonnage) in the workplace	☐ Yes	☐ No
Conduct an accurate site assessment and safely position a boom truck with a stiff boom (unlimited tonnage) in the workplace	☐ Yes	☐ No
Crane Operations		
Demonstrate knowledge of pre-operational requirements in crane operations	☐ Yes	☐ No
Demonstrate knowledge of crane operations	☐ Yes	☐ No
Demonstrate knowledge of lifting plans and rigging for cranes	☐ Yes	☐ No
Demonstrate knowledge of folding boom (unlimited tonnage) load charts and load calculations	☐ Yes	☐ No
Demonstrate knowledge of stiff boom (unlimited tonnage) load charts and load calculations	☐ Yes	☐ No
Demonstrate knowledge to leave a mobile crane unattended.	☐ Yes	☐ No
Conduct pre-operational inspections of mobile cranes and equipment in the workplace	☐ Yes	☐ No
Conduct safe crane set-up according to manufacturer's specifications	☐ Yes	☐ No
Operate a boom truck with a folding boom (unlimited tonnage) to lift and place loads in the workplace	☐ Yes	☐ No
Operate a boom truck with a stiff boom (unlimited tonnage) to lift and place loads in the workplace	☐ Yes	☐ No
Leave a mobile crane unattended.	☐ Yes	☐ No
Maintenance And Service		
Maintain an equipment logbook to retain a permanent written record of maintenance and repairs	☐ Yes	☐ No

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JOB TASKS (51)	SUPERVISOR DECLARATION RESPONSE	
Demonstrate knowledge of inspecting engines, monitoring devices and hydraulic systems	☐ Yes	☐ No
Demonstrate knowledge of servicing and maintenance procedures	☐ Yes	☐ No
Perform service on engine cooling systems on mobile cranes	☐ Yes	☐ No
Complete maintenance checklists (engine on/ engine off) and maintain engines on boom trucks (unlimited tonnage) to manufacturer's specifications	☐ Yes	☐ No
Perform routine inspections and maintenance on hydraulic systems on boom trucks (unlimited tonnage)	☐ Yes	☐ No
Inspect monitoring devices and control mechanisms on boom trucks with folding booms (unlimited tonnage)	☐ Yes	☐ No
Inspect monitoring devices and control mechanisms on boom trucks with stiff booms (unlimited tonnage)	☐ Yes	☐ No

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is true and 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 Signature:	Date Signed: (MM/DD/YYYY)

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
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