

### 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 BC Association for Crane Safety (BCACS) or 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.

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:		
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.

		Total Number Hours of <b>Boom Truck – Stiff Boom Unlimited Tonnage</b> Experience Accumulated in that Period:	
From:	То:		
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:



#### EMPLOYER DECLARATION OF WORK EXPERIENCE

### 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.

Firs	t and Last Name of Applicant's Direct Supervi	isor:		Supervisor Position or Title:
Sup (	ervisor's Phone Number: )			Supervisor E-Mail Address:
Lan	guage(s) that the employer/supervisor can co	mmu	nicate: (check all t	hat apply)
	English		Other (please speci	fy):

### 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	Decla Resp	
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 Demonstrate knowledge of personnel involved in crane operations	Yes: No:	
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:	

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Job Tasks		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:			

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Job Tasks		
<b>TRANSPORTATION AND DELIVERY</b> 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:	
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:	

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Job Tasks	Decla Resp	
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:	
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 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)

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

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