

STATUTORY 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

customer service @skilled trades bc.ca

This form is used to declare work experience for periods during which you were self-employed, or a previous employer will not complete an Employer Declaration.

Note: Unless your work experience was gained through self-employment, applications must be accompanied by at least one Employer Declaration. 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.

Legal First Name:	Legal Middle Nan	ne(s):	Legal Last Name:		
B. Self-Employment	or Employment Informa	ation of Applican	nt		
Enter the contact information for Declaration.	or your own business if you are sel	f-employed or your pre	evious employer who will	not complete an Employer	
Name of Organization/Employer/	Business:		Business Registration Number: (Self-Employment only)		
Business Address (Street Name/N	umber, Building/Unit Number):		City:		
Province/ State:	Country:		Postal Code/ Z	Zip Code:	
Business Phone Number:	Email Address:		Website:		
	hours for this period of employme you must separate periods of empl				
Dates of Employment (MM/DD/YYYY): From: To:		Total Number Hours of Boom Truck – Stiff Boom Unlimited Tonnage Experience Accumulated in Period:			
Job Title of Applicant:		1			



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C. Reason for Statutory Declaration						
Indicate why a Statutory Declaration is required for this period of employment:						
Applicant was self-employed Employer will/can not complete Employer Declaration						
Applicants must attempt to contact current or previous employers to request an Employer Declaration to be filled out and signed.						
If you have been unable to obtain an Employer Declaration for any portion of your non-self-employed wo you have taken to try to obtain it.	rk experience, indi	cate the steps				
D. Statutory Declaration of Job Task Performance						
By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the	ioh tacke lietad hal					
period indicated in Section B.	Job tasks listed ber	ow during the				
JOB TASKS (51)	DECLA	RATION PONSE				
	DECLA	RATION				
JOB TASKS (51)	DECLA	RATION				
JOB TASKS (51) Safety	DECLA RESP	RATION PONSE				
JOB TASKS (51) Safety Demonstrate knowledge of safe working practices for crane operators	DECLA RESP	RATION PONSE				
JOB TASKS (51) Safety Demonstrate knowledge of safe working practices for crane operators Demonstrate knowledge of power line hazards and high voltage equipment	DECLA RESP	RATION PONSE No				
JOB TASKS (51) Safety Demonstrate knowledge of safe working practices for crane operators Demonstrate knowledge of power line hazards and high voltage equipment Comply with WorkSafeBC Occupational Health and Safety Regulation (OHSR)	DECLA RESP	RATION PONSE No				
JOB TASKS (51) Safety Demonstrate knowledge of safe working practices for crane operators Demonstrate knowledge of power line hazards and high voltage equipment Comply with WorkSafeBC Occupational Health and Safety Regulation (OHSR) Communications	DECLA RESP	RATION PONSE No No No				
JOB TASKS (51) Safety Demonstrate knowledge of safe working practices for crane operators Demonstrate knowledge of power line hazards and high voltage equipment Comply with WorkSafeBC Occupational Health and Safety Regulation (OHSR) Communications Demonstrate knowledge of personnel involved in crane operations	DECLA RESP Yes Yes Yes Yes	RATION PONSE No No No				
JOB TASKS (51) Safety Demonstrate knowledge of safe working practices for crane operators Demonstrate knowledge of power line hazards and high voltage equipment Comply with WorkSafeBC Occupational Health and Safety Regulation (OHSR) Communications Demonstrate knowledge of personnel involved in crane operations Demonstrate knowledge of hand signals	DECLA RESP Yes Yes Yes Yes Yes Yes	RATION PONSE No No No No				
JOB TASKS (51) Safety Demonstrate knowledge of safe working practices for crane operators Demonstrate knowledge of power line hazards and high voltage equipment Comply with WorkSafeBC Occupational Health and Safety Regulation (OHSR) Communications Demonstrate knowledge of personnel involved in crane operations Demonstrate knowledge of hand signals Demonstrate knowledge of radio communications	DECLA RESP Yes Yes Yes Yes Yes Yes Yes Yes	RATION PONSE No No No No No				



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JOB TASKS (51)		DECLARATION RESPONSE		
Use hand signals in the workplace	☐ Yes	☐ No		
Use radio communications in the workplace	☐ Yes	☐ No		
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		
Prepare and transport a mobile crane to a worksite following all highway and traffic rules and regulations	☐ Yes	☐ No		
Enter the applicant's initials on every page of this form				
I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Init	ials:		



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JOB TASKS (51)	DECLARATION RESPONSE		
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	
Demonstrate knowledge of inspecting engines, monitoring devices and hydraulic systems		☐ No	
Demonstrate knowledge of servicing and maintenance procedures		☐ 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	
Enter the applicant's initials on every page of this form			
I hereby certify, that to the best of my knowledge, the information I am providing is true and accurate.	Applicant's Init	ials:	



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JOB TASKS (51)					
enance on hydraulic systems on boom trucks (unlimited	☐ Yes	☐ No			
mechanisms on boom trucks with folding booms (unlimite	ed Yes	☐ No			
mechanisms on boom trucks with stiff booms (unlimited	☐ Yes	□ No			
s true and accurate. (Note: Collection and protection of perm of Information and Protection of Privacy Act.) Applicant Signature:					
	enance on hydraulic systems on boom trucks (unlimited mechanisms on boom trucks with folding booms (unlimited mechanisms on boom trucks with stiff booms (unlimited mechanisms on boom trucks with stiff booms (unlimited strucks) and trucks with stiff booms (unlimited mechanisms on boom trucks with stiff booms (unlimited mechanisms)).	DB TASKS (51) Penance on hydraulic systems on boom trucks (unlimited Yes mechanisms on boom trucks with folding booms (unlimited Yes mechanisms on boom trucks with stiff booms (unlimited Yes true and accurate. (Note: Collection and protection of personal information on mof Information and Protection of Privacy Act.)			

accurate.



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F. References

Minimum of Three References must accompany each Statutory Declaration form. Include names and contact information of minimum three individuals who can attest to your hours and/or scope of trade. References listed must be related to the organization and period of employment listed in Section B of this form.

Each individual listed will be contacted by SkilledTradesBC to verify the information provided on your application.

1. Reference							
Relationship to Applicant:		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	at ref	erence can communi	icate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
2. Reference					,		
Relationship to Applicant:		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	at ref	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
3. Reference							
Relationship to Applicant:		Former Empl	oyee		Contractor		Supplier
2 22		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	at ref	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:			<u> </u>		Position/Title:		
Phone Number:					Email Address:		
L							
Enter the applicant's initials							
I hereby certify, that to the accurate.	best	of my knowl	edge, the info	rmat	ion I am providin	g is t	rue and Applicant's Initials: