

# MOBILE CRANE OPERATOR – HYDRAULIC 80 TONNES AND UNDER

## 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.

“Mobile Crane Operator” means a person who operates a mobile crane to perform lifts and hoists, sets up cranes, takes down cranes, 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 mobile hydraulic** equipment with **capacity greater than 20 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:
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### 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 <b>Mobile Crane Operator Hydraulic 80 Tonnes and Under</b> 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)	
<input type="checkbox"/> English <input type="checkbox"/> 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 (49)	SUPERVISOR DECLARATION RESPONSE	
<b>Safety</b>		
Demonstrate knowledge of safe working practices for crane operators	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of power line hazards and high voltage equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comply with WorkSafeBC Occupational Health and Safety Regulation (OHSR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Communications</b>		
Demonstrate knowledge of personnel involved in crane operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of hand signals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of radio communications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of workplace communications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use hand signals in the workplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use radio communications in the workplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communicate information clearly and check for understanding in the workplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Cranes</b>		
Demonstrate knowledge of types of cranes and classifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of terminology related to craning and craning concepts	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (49)	SUPERVISOR DECLARATION RESPONSE	
Demonstrate knowledge of hoisting terminology, functions and systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of regulatory requirements pertaining to cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of crane components and attachments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of engines and ancillary systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of power transfer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use crane components and attachments for mobile cranes in the workplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Rigging And Lifting Theory</b>		
Demonstrate knowledge of lifting theory and forces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of slings (all types), rigging hardware, materials, inspection and capacity cards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of wire rope hoist line construction and inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use rigging hardware and tools in the workplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Hoisting Fundamentals</b>		
Demonstrate knowledge of determining load weights using fundamental math functions and calculations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of determining the capacity of a crane using load charts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpret load charts and load study drawings to configure crane for workplace operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Transportation And Delivery</b>		
Demonstrate knowledge of BC Ministry of Transportation – Commercial Transport rules and regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge to assemble, set up to operate and disassemble a mobile crane at a worksite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepare and transport a mobile crane to a worksite following all highway and traffic rules and regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assemble, set up to operate and disassemble a mobile crane at a worksite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge to prepare a mobile crane for transport and/or travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Site Planning And Crane Positioning</b>		
Demonstrate knowledge of accurate site assessment tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge to locate and safely position a crane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct an accurate site assessment and safely position a crane in the workplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Supervisor First and Last Name (Please Print):	
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JOB TASKS (49)	SUPERVISOR DECLARATION RESPONSE	
<b>Crane Operations</b>		
Demonstrate knowledge of pre-operational requirements in crane operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of crane operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of lifting plans and rigging for cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge to leave a mobile crane unattended	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of mobile hydraulic crane 80 tonnes and under load charts and load calculations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct pre-operational inspections of mobile cranes and equipment in the workplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conduct safe crane set-up according to manufacturer's specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operate a mobile hydraulic crane 80 tonnes and under to lift and place loads in the workplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leave a mobile crane unattended	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Maintenance And Service</b>		
Maintain an equipment logbook to retain a permanent written record of maintenance and repairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of inspecting engines, monitoring devices and hydraulic systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate knowledge of servicing and maintenance procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete mobile crane maintenance checklists (engine on/engine off) and maintain engines to manufacturer's specifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform routine inspections and maintenance of hydraulic systems on mobile cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect monitoring devices and control mechanisms on mobile cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform service on engine cooling systems on mobile cranes	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)
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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: