MOBILE CRANE OPERATOR – HYDRAULIC 80 TONNES AND UNDER

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
customerservice@skilledtradesbc.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.

"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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

B. Self-Employment or Employment Information of Applicant

Enter the contact information for your own business if you are self-employed or your previous employer who will not complete an Employer Declaration.

Name of Organization/Employer/Business:		Business Registration Number: (Self-Employment only)
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ( )	Email Address:	Website:

Enter the dates and number of hours for this period of employment or self-employment. You may combine multiple periods of self-employment on one form, but you must separate periods of employment with different employers on separate forms.

Dates of Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Mobile Crane Operator Hydraulic 80 Tonnes and Under** Experience Accumulated in Period:
Job Title of Applicant:	

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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 work experience, **indicate the steps you have taken to try to obtain it.**

D. Statutory Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether you have performed the job tasks listed below during the period indicated in Section B.

JOB TASKS (49)	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		
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
Communicate information clearly and check for understanding in the workplace	☐ 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 Initials:

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JOB TASKS (49)	DECLARATION RESPONSE	
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	☐ Yes	☐ No
Demonstrate knowledge of engines and ancillary systems	☐ Yes	☐ No
Demonstrate knowledge of power transfer	☐ Yes	☐ No
Use crane components and attachments for mobile cranes in the workplace	☐ 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 assemble, set up to operate and disassemble a mobile crane at a worksite	☐ Yes	☐ No
Prepare and transport a mobile crane to a worksite following all highway and traffic rules and regulations	☐ Yes	☐ No
Assemble, set up to operate and disassemble a mobile crane at a worksite	☐ Yes	☐ No
Demonstrate knowledge to prepare a mobile crane for transport and/or 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

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JOB TASKS (49)	DECLARATION RESPONSE	
Conduct an accurate site assessment and safely position a crane 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 to leave a mobile crane unattended	☐ Yes	☐ No
Demonstrate knowledge of mobile hydraulic crane 80 tonnes and under load charts and load calculations	☐ 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 mobile hydraulic crane 80 tonnes and under 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
Complete mobile crane maintenance checklists (engine on/engine off) and maintain engines to manufacturer's specifications	☐ Yes	☐ No
Perform routine inspections and maintenance of hydraulic systems on mobile cranes	☐ Yes	☐ No
Inspect monitoring devices and control mechanisms on mobile cranes	☐ Yes	☐ No
Perform service on engine cooling systems on mobile cranes	☐ Yes	☐ No

E. Applicant Signature

I certify that the information I 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.)

Applicant Name (please print):	Applicant Signature:	Date: (MM/DD/YYYY)

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 Initials:

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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 Employee ☐ Co-worker ☐ Contractor ☐ Client ☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:			
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English ☐ Other (specify):		
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

2. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker ☐ Contractor ☐ Client ☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:			
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English ☐ Other (specify):		
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

3. Reference

Relationship to Applicant: ☐ Former Employee ☐ Co-worker ☐ Contractor ☐ Client ☐ Supplier ☐ Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:			
First and Last Name of Reference:	Language(s) that reference can communicate: (Check all that apply) ☐ English ☐ Other (specify):		
Organization/Business Name:		Position/Title:	
Phone Number:		Email Address:	

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