# MOBILE CRANE OPERATOR

## 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.

"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 job tasks listed as per Section D, and
- worked a minimum of **5,400 documented hours** of which 1,600 hours must be operating time.
  **Note:** Of the **1,600 operating hours**, a minimum of **400 hours** must be accumulated on operating one or more of: mobile lattice friction equipment, mobile lattice hydraulic equipment, or mobile hydraulic equipment with capacity greater than 80 tonnes.

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

- SkilledTradesBC Level 1 Standardized Written Exam (SLE)
- SkilledTradesBC Level 3 SLE (eligible to attempt after successful completion of the Level 1 SLE)
- Interprovincial Red Seal Exam (IP) (eligible to attempt after successful completion of the Level 1 SLE)
- SkilledTradesBC Standardized Practical Assessment (eligible to attempt after successful completion of the Level 1 SLE and Level 3 SLE)

## 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:<br>(  ) | Website: | |

Enter the dates and number of hours for this period of employment.

| Dates of Applicant's Employment (MM/DD/YYYY):<br>From: To: | Job Title of Applicant: |
|---|---|
| Total Number Hours of **Mobile Crane Operator** Experience Accumulated in that Period: | Total Number Hours of **Mobile Crane Operator Operating Time** (actual operation of the crane) Accumulated in that Period: |

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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:<br>(  ) | Supervisor E-Mail Address: |
| Language(s) that the employer/supervisor can communicate: (check all that apply)<br>☐ 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 D1 – must check "Yes" to a minimum 23 of 33 job tasks in this section | SUPERVISOR DECLARATION RESPONSE | |
|---|---|---|
| **Use Common Occupational Skills** | | |
| Comply with regulations, policies, and manufacturers' manuals | ☐ Yes | ☐ No |
| Maintain a safe working environment | ☐ Yes | ☐ No |
| Be aware of energized systems | ☐ Yes | ☐ No |
| Practice effective worksite communications | ☐ Yes | ☐ No |
| **Perform Crane Inspection And Maintenance** | | |
| Inspect engine components | ☐ Yes | ☐ No |
| Inspect braking components | ☐ Yes | ☐ No |
| Inspect carrier components | ☐ Yes | ☐ No |
| Inspect suspension components | ☐ Yes | ☐ No |
| Inspect drive components | ☐ Yes | ☐ No |
| Inspect steering components | ☐ Yes | ☐ No |
| Inspect hoisting system components | ☐ Yes | ☐ No |
| Inspect electrical components | ☐ Yes | ☐ No |
| Inspect crane components | ☐ 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 D1 – must check "Yes" to a minimum 23 of 33 job tasks in this section | SUPERVISOR DECLARATION RESPONSE | |
|---|---|---|
| Inspect, maintain, and use crane wire rope | ☐ Yes | ☐ No |
| Use tools for basic crane maintenance | ☐ Yes | ☐ No |
| Perform basic crane maintenance | ☐ Yes | ☐ No |
| **Use Rigging** | | |
| Identify types of slings and rigging hardware | ☐ Yes | ☐ No |
| Inspect slings and rigging hardware | ☐ Yes | ☐ No |
| Maintain and store slings and rigging hardware | ☐ Yes | ☐ No |
| Perform rigging | ☐ Yes | ☐ No |
| **Perform Common Crane Operations** | | |
| Interpret operating manuals | ☐ Yes | ☐ No |
| Perform a pre-operational inspection | ☐ Yes | ☐ No |
| Perform a pre-operational setup | ☐ Yes | ☐ No |
| Perform operations and hoisting techniques | ☐ Yes | ☐ No |
| Secure a crane | ☐ Yes | ☐ No |
| **Assemble, Disassemble, And Transport A Crane** | | |
| Perform crane transportation | ☐ Yes | ☐ No |
| Assemble and disassemble a crane | ☐ Yes | ☐ No |
| Assemble and disassemble specialty equipment and attachments | ☐ Yes | ☐ No |
| **Use Specialized Operations** | | |
| Operate with a suspended work platform | ☐ Yes | ☐ No |
| Perform heavy lifts | ☐ Yes | ☐ No |
| Operate a crane with piledriving equipment and duty cycle operations | ☐ Yes | ☐ No |
| Perform multiple crane lifts | ☐ Yes | ☐ No |
| Operate a crane on a floating platform | ☐ Yes | ☐ No |

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

| Supervisor First and Last Name (Please Print): | |
|---|---|
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| JOB TASKS D2 – must check "Yes" to all job tasks in this section | SUPERVISOR DECLARATION RESPONSE | |
|---|---|---|
| **Lift Planning** | | |
| Follow site assessment procedures | ☐ Yes | ☐ No |
| Determine load weights | ☐ Yes | ☐ No |
| Determine crane lifting capacity | ☐ Yes | ☐ No |
| Determine rigging requirements | ☐ Yes | ☐ No |
| Conduct a site assessment | ☐ Yes | ☐ No |
| Use a crane capacity chart | ☐ Yes | ☐ No |

| JOB TASKS D3 – must check "Yes" to a minimum of 2 of 6 job tasks in this section | SUPERVISOR DECLARATION RESPONSE | |
|---|---|---|
| **Telescoping Boom Crane Operations** | | |
| Perform hoisting techniques for a telescoping boom crane | ☐ Yes | ☐ No |
| Operate a telescoping boom crane, over 20 tonnes, with a slewing upper structure | ☐ Yes | ☐ No |
| **Lattice Boom Hydraulic Crane Operations** | | |
| Perform hoisting techniques for a lattice boom hydraulic crane | ☐ Yes | ☐ No |
| Operate a lattice boom hydraulic crane | ☐ Yes | ☐ No |
| **Lattice Boom Friction Crane Operations** | | |
| Perform hoisting techniques for a lattice boom friction crane | ☐ Yes | ☐ No |
| Operate a lattice boom friction crane | ☐ 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): | |
|---|---|
| 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: |