MOBILE CRANE OPERATOR

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 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

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 Applicant's Employment (MM/DD/YYYY): 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. 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 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

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 D1 – must check "Yes" to a minimum 23 of 33 job tasks in this section	SUPERVISOR DECLARATION RESPONSE	
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
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

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JOB TASKS D1 – must check "Yes" to a minimum 23 of 33 job tasks in this section	SUPERVISOR DECLARATION RESPONSE	
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

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

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JOB TASKS D3 – must check "Yes" to a minimum of 2 of 6 job tasks in this section	SUPERVISOR DECLARATION RESPONSE	
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. 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)

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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	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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	☐ Contractor	☐ Supplier
	☐ Co-worker	☐ Client	☐ 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:	

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: