TOWER 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.

"Tower Crane Operator" means a person who operates tower cranes (including luffing jib and articulated jib tower cranes) to perform lifts and hoist loads and has experience with rigging practices and procedures.

To qualify to challenge certification in this trade, individuals must have:

- experience performing the job tasks listed as per Section D, and
- worked a minimum of **3,000 documented crane-related hours** of which:
  - minimum **1,000 hours** are documented **rigging time**, and
  - minimum **1,000 hours** are tower crane equipment with a minimum mast height of 90 ft. **operating time**.

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

- SkilledTradesBC Level 1 Standardized Written Exam (SLE)
- SkilledTradesBC Level 2 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 2 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: ( )	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 **Crane-Related** Experience Accumulated in Period:
Total Number of **Rigging Hours** Accumulated in that Period:	Total Number Hours of **Tower Crane Operating Time** (on-crane seat time) Accumulated in that Period:
Job Title of Applicant:	

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

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) ☐ 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 19 of 26 job tasks in this section	Supervisor Declaration Response	
Use Common Occupational Skills		
Complies with regulations, policies, and manufacturers' manuals	☐ Yes	☐ No
Maintains a safe working environment	☐ Yes	☐ No
Follows emergency procedures	☐ Yes	☐ No
Is aware of energized systems	☐ Yes	☐ No
Practices effective worksite communications	☐ Yes	☐ No
Perform Crane Inspection And Maintenance		
Inspects structural components	☐ Yes	☐ No
Inspects mechanical components	☐ Yes	☐ No
Inspects electrical components	☐ Yes	☐ No
Inspects support components	☐ Yes	☐ No
Inspects track (rail) travel components	☐ Yes	☐ No
Inspects cab 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:

SKILLED TRADES BC

TOWER 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

Job Tasks D1 – must check "Yes" to a minimum 19 of 26 job tasks in this section	Supervisor Declaration Response	
Inspects access components	☐ Yes	☐ No
Inspects safety components, devices, and aids	☐ Yes	☐ No
Inspects, maintains, and uses crane wire rope	☐ Yes	☐ No
Uses tools for basic crane maintenance	☐ Yes	☐ No
Performs basic crane maintenance	☐ Yes	☐ No
Use Rigging		
Identifies types of slings and rigging hardware	☐ Yes	☐ No
Inspects slings and rigging hardware	☐ Yes	☐ No
Maintains and stores slings and rigging hardware	☐ Yes	☐ No
Performs rigging	☐ Yes	☐ No
Perform Common Crane Operations		
Interprets operating manuals	☐ Yes	☐ No
Performs a pre-operational inspection	☐ Yes	☐ No
Performs a pre-operational setup	☐ Yes	☐ No
Performs operations and hoisting techniques	☐ Yes	☐ No
Monitors conditions	☐ Yes	☐ No
Secures a crane	☐ Yes	☐ No

Job Tasks D2 – must check "Yes" to a minimum of 3 of 5 job tasks in this section	Supervisor Declaration Response	
Lift Planning – General		
Determines load weights	☐ Yes	☐ No
Lift Planning – Hammerhead Tower Crane		
Conducts a site assessment for a hammerhead tower crane	☐ 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:

SKILLED TRADES BC

TOWER 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

Job Tasks D2 – must check "Yes" to a minimum of 3 of 5 job tasks in this section	Supervisor Declaration Response	
Uses a crane capacity chart for a hammerhead tower crane	☐ Yes	☐ No
Lift Planning – Luffing Tower Crane		
Conducts a site assessment for a luffing tower crane	☐ Yes	☐ No
Uses a crane capacity chart for a luffing tower crane	☐ Yes	☐ No

Job Tasks D3 – must check "Yes" to a minimum of 6 of 12 job tasks in this section	Supervisor Declaration Response	
Hammerhead Tower Crane Operations		
Interprets operating manuals for a hammerhead tower crane	☐ Yes	☐ No
Performs a pre-operational inspection for a hammerhead tower crane	☐ Yes	☐ No
Performs a pre-operational setup for a hammerhead tower crane	☐ Yes	☐ No
Performs hoisting techniques for a hammerhead tower crane	☐ Yes	☐ No
Operates a hammerhead tower crane	☐ Yes	☐ No
Leaves a hammerhead tower crane unattended	☐ Yes	☐ No
Luffing Tower Crane Operations		
Interprets operating manuals for a luffing tower crane	☐ Yes	☐ No
Performs a pre-operational inspection for a luffing tower crane	☐ Yes	☐ No
Performs a pre-operational setup for a luffing tower crane	☐ Yes	☐ No
Performs hoisting techniques for a luffing tower crane	☐ Yes	☐ No
Operates a luffing tower crane	☐ Yes	☐ No
Leaves a luffing tower crane unattended	☐ 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:

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

Job Tasks D4 – must check "Yes" to a minimum of 2 of 7 job tasks in this section	Supervisor Declaration Response	
Use Specialized Operations		
Operates with a suspended work platform	☐ Yes	☐ No
Performs engineered lifts	☐ Yes	☐ No
Performs multiple crane lifts	☐ Yes	☐ No
Climbing, Reconfiguring, And Transporting Cranes		
Follows assembly and raising procedures for a bottom climbing tower crane	☐ Yes	☐ No
Follows assembly and raising procedures for a top climbing tower crane	☐ Yes	☐ No
Follows crane reconfiguration procedures	☐ Yes	☐ No
Follows assembly, disassembly, and transport procedures for a self-erect tower 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: