

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

Legal Last Name:

Total Number Hours of **Crane-Related** Experience Accumulated in that

Total Number Hours of **Tower Crane Operating Time** (on-crane seat

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.

"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:
 - o minimum 1,000 hours are documented rigging time, and
 - o 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:

Legal Middle Name(s):

- 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

Legal First Name:

From:

Job Title of Applicant:

Enter the name of the individual for whom this form is being completed. \\

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:						
Mailing Address:		City:				
		·				
Province/ State:	Country:	Postal Code/ Zip Code:				
Business Phone Number:	Website:					

Period:

time) Accumulated in that Period:

Total Number Hours of **Rigging Hours** Accumulated in that Period:

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

To:

Supervisor First and Last Name:	Applicant First and Last Name:		

Dates of Applicant's Employment (MM/DD/YYYY):

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C. Supervisor Contact Information

First and Last Name of Applicant's Direct Supervisor:

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.

Supervisor Position or Title:

upervisor's Phone Number:)	Supervisor E-Mail Address:	Supervisor E-Mail Address:	
anguage(s) that the employer/supervisor can communica	te: (check all that apply)		
1 English □ Othe	er (please specify):		
Supervisor Declaration of Job Task			
y checking "Yes" or "No" in the Declaration Response ersonally witnessed the applicant performing the job t		pervisor of the appli	cant, have
ob Tasks D1 – must check "Yes" to a minimum 19 of 26 job tasks in this section		Declaration Response	
JSE COMMON OCCUPATIONAL SKILLS		□Yes	□No
Comply with regulations, policies, and manuf	facturers' manuals		
Maintain a safe working environment		☐ Yes	□ No
Follow emergency procedures		☐Yes	☐ No
Be aware of energized systems		☐ Yes	☐ No
Practice effective worksite communications		□Yes	□No
PERFORM CRANE INSPECTION AND MAINTENAN	CE	□Yes	□No
Inspect structural components			
Inspect mechanical components		Yes	□ No
Inspect electrical components		☐ Yes	☐ No
Inspect support components		☐ Yes	☐ No
Inspect track (rail) travel components		□Yes	□ No
Inspect cab components		☐Yes	□ No
Inspect access components		□Yes	□ No
Inspect safety components, devices, and aids		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
nter the supervisor and applicant names (repeat on every page			
pervisor First and Last Name:	Applicant First and Last Name:		

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Job Tasks D1 – must check "Yes" to a minimum 19 of 26 job tasks in this section		Declaration Response	
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	
Monitor conditions	Yes	□No	
Secure a crane	☐ Yes	□No	
Job Tasks D2 – must check "Yes" to a minimum of 3 of 5 job tasks in this section	Declara	ition Response	
LIFT PLANNING - GENERAL			
Determine load weights	Yes	□ No	
LIFT PLANNING - HAMMERHEAD TOWER CRANE	□Voc	Пис	
Conduct a site assessment for a hammerhead tower crane	Yes	□ No	
Use a crane capacity chart for a hammerhead tower crane	Yes	□ No	
LIFT PLANNING - LUFFING TOWER CRANE	Yes	□No	
Conduct a site assessment for a luffing tower crane			
Use 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	Declara	Declaration Response	
HAMMERHEAD TOWER CRANE OPERATIONS Interpret operating manuals for a hammerhead tower crane		□ No	
Perform a pre-operational inspection for a hammerhead tower crane	Yes	□ No	
Perform a pre-operational setup for a hammerhead tower crane	Yes	□No	
Perform hoisting techniques for a hammerhead tower crane		□No	
Operate a hammerhead tower crane		□No	
Leave a hammerhead tower crane unattended		□No	
Enter the supervisor and applicant names (repeat on every page of this form) Supervisor First and Last Name: Applicant First and Last Name:			



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Job Tasks D3 – must check "Yes" to a minimum of 6 of 12 job tasks in this section		Declara	Declaration Response	
LUFFING TOWER CRANE OPERATIONS		Yes		
Interpret operating manuals for a luffing to	Interpret operating manuals for a luffing tower crane		□No	
Perform a pre-operational inspection for a	Perform a pre-operational inspection for a luffing tower crane		□No	
Perform a pre-operational setup for a luffin	g tower crane	Yes	□No	
Perform hoisting techniques for a luffing to	wer crane	Yes	□No	
Operate a luffing tower crane		Yes	□No	
Leave a luffing tower crane unattended		☐ Yes	□No	
Job Tasks D4 – must check "Yes" to a minimu	m of 2 of 7 job tasks in this section	Declara	tion Response	
USE SPECIALIZED OPERATIONS		∏Yes	□No	
Operate with a suspended work platform				
Perform engineered lifts		☐ Yes	□No	
Perform multiple crane lifts		☐ Yes	□No	
CLIMBING, RECONFIGURING, AND TRANSPORTING CRANES Follow assembly and raising procedures for a bottom climbing tower crane		☐ Yes	□No	
Follow assembly and raising procedures for	r a top climbing tower crane	☐ Yes	□No	
Follow crane reconfiguration procedures		☐Yes	□No	
Follow 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 forme protection of personal information on this form is in a Act.)		Information and Pro	otection of Privacy	
Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (I	MM/DD/YYYY)	
Enter the supervisor and applicant names (repeat on every p Supervisor First and Last Name:	page of this form) Applicant First and Last Name:			