

TOWER CRANE OPERATOR

STATUTORY DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service 800 – 8100 Granville Ave Richmond, BC V6Y 3T6 Tel: 778-328-8700

October 2024

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.

"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)

Legal Last Name:

A. Applicant Name

Legal First Name:

B. Self-Employment of	or Employment Informat	ion of Applicar	nt			
Enter the contact information for Declaration.	your own business if you are self-o	employed or your pro	evious er	nployer who will not complete an Employer		
Name of Organization/Employer/Bu	ısiness:		Business Registration Number: (Self-Employment only)			
Mailing Address:				City:		
Province/ State:	Country:			Postal Code/ Zip Code:		
Business Phone Number:	Email Address:		Website:	: '		
	ours for this period of employment u must separate periods of employ			ay combine multiple periods of self- rs on separate forms.		
Dates of Employment (MM/DD/YY)	(Y):	Total Number Ho Period:	ours of Cr	rane-Related Experience Accumulated in that		
From:	То:	i ciiou.				
otal Number Hours 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:		·				
Enter the applicant name (repeat	, , ,		1			
Legal First Name:	Legal Middle Name(s	s):	L	egal Last Name:		



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Employer will/can not complete Employer Declaration

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C. Reason for Statutory Declaration

Applicant was self-employed

Indicate why a Statutory Declaration is required for this period of employment:

rippineum ====================================	previous employers to request an Employer De	eclaration to be f	illed out and	signed.
	r Declaration for any portion of your non-self-e t evidence of steps taken is not provided, the ap			
D. Statutory Declaration of Job	Task Performance			
•	Response column, indicate whether you have p	erformed the job	tasks listed b	pelow during the
Job Tasks D1 – must check "Yes" to a m	inimum 19 of 26 job tasks in this section		Declara	tion Response
USE COMMON OCCUPATIONAL SKILLS				
			□ Yes	□No
Comply with regulations, policies, a			Yes	□ No
Comply with regulations, policies, a			☐ Yes	□ No
Maintain a safe working environmen			Yes	□ No
Maintain a safe working environmen	nt		☐ Yes	□ No
Maintain a safe working environment Follow emergency procedures Be aware of energized systems	ications		☐ Yes ☐ Yes ☐ Yes	No No No
Maintain a safe working environment Follow emergency procedures Be aware of energized systems Practice effective worksite communications PERFORM CRANE INSPECTION AND MAIN	ications		☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	
Maintain a safe working environment Follow emergency procedures Be aware of energized systems Practice effective worksite community PERFORM CRANE INSPECTION AND MAIN Inspect structural components	ications		☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	
Maintain a safe working environment Follow emergency procedures Be aware of energized systems Practice effective worksite community PERFORM CRANE INSPECTION AND MAIN Inspect structural components Inspect mechanical components	ications		☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	
Maintain a safe working environment Follow emergency procedures Be aware of energized systems Practice effective worksite community PERFORM CRANE INSPECTION AND MAIN Inspect structural components Inspect mechanical components Inspect electrical components	ications NTENANCE			
Maintain a safe working environment Follow emergency procedures Be aware of energized systems Practice effective worksite community PERFORM CRANE INSPECTION AND MAIN Inspect structural components Inspect mechanical components Inspect electrical components Inspect support components	ications NTENANCE			



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Job Tasks D1 - must check "Yes" to a minimum 19 of 26 job tasks in this section **Declaration Response** 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 **USE RIGGING** □No ☐ Yes Identify types of slings and rigging hardware Inspect slings and rigging hardware ☐ Yes ☐ No Maintain and store slings and rigging hardware ☐ Yes ☐ No Perform rigging ☐ Yes ☐ No PERFORM COMMON CRANE OPERATIONS ☐ Yes ☐ No Interpret operating manuals 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 **Declaration Response** LIFT PLANNING - GENERAL ☐ Yes ☐ No Determine load weights LIFT PLANNING - HAMMERHEAD TOWER CRANE Yes ☐ No Conduct a site assessment for a hammerhead tower crane 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

Enter the applicant name (repeat on every page of this form)

Legal First Name:

Legal Middle Name(s):

Legal Last Name:



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	s" to a minimum of 6 of 12 job tasks in this section	Declaration Resp	onse			
HAMMERHEAD TOWER CRANE (OPERATIONS		r -			
Interpret operating manua	als for a hammerhead tower crane	Yes N	10			
Perform a pre-operational	☐ Yes ☐ N	Ю				
Perform a pre-operational	Perform a pre-operational setup for a hammerhead tower crane					
Perform hoisting techniqu	es for a hammerhead tower crane	☐ Yes ☐ N	Го			
Operate a hammerhead to	wer crane	☐ Yes ☐ N	Го			
Leave a hammerhead towe	er crane unattended	☐ Yes ☐ N	Го			
UFFING TOWER CRANE OPERA	TIONS					
Interpret operating manua	☐ Yes ☐ N	☐ No				
Perform a pre-operational	☐ Yes ☐ N	Го				
Perform a pre-operational	setup for a luffing tower crane	☐ Yes ☐ N	Го			
Perform hoisting techniqu	es for a luffing tower crane	☐ Yes ☐ N	Го			
Operate a luffing tower cra	ine	☐ Yes ☐ N	Го			
Leave a luffing tower crane	e unattended	☐ Yes ☐ N	Го			
SE SPECIALIZED OPERATIONS Operate with a suspended	work platform	☐ Yes ☐ N	lo			
	work platform					
Perform engineered lifts		☐ Yes ☐ N	lo			
Perform multiple crane lift	is .	☐ Yes ☐ N	Ю			
LIMBING, RECONFIGURING, A	ND TRANSPORTING CRANES		T			
Follow assembly and raising	ng procedures for a bottom climbing tower crane	☐ Yes ☐ N	10			
	☐ Yes ☐ N					
Follow assembly and raising	ing procedures for a top climbing tower crane		Ю			
Follow assembly and raisin		☐ Yes ☐ N				
Follow crane reconfigurati			Го			
Follow crane reconfigurati	ion procedures	☐ Yes ☐ N	Го			
Follow crane reconfigurati	ion procedures	☐ Yes ☐ N	Го			
Follow crane reconfigurati Follow assembly, disassem Applicant Signature certify that the information I have p	ion procedures	☐ Yes ☐ N☐ Yes ☐ Yes ☐ N☐ Yes ☐	Io Io			
Follow crane reconfigurati Follow assembly, disassem Applicant Signature certify that the information I have p	ion procedures ably, and transport procedures for a self-erect tower crane provided is accurate. (Note: Collection and protection of po	☐ Yes ☐ N☐ Yes ☐ Yes ☐ N☐ Yes ☐	Io Io			
Follow crane reconfiguration Follow assembly, disassem Applicant Signature Certify that the information I have percondance with the provisions of the	nbly, and transport procedures for a self-erect tower crane provided is accurate. (Note: Collection and protection of ple Freedom of Information and Protection of Privacy Act.) Applicant Signature:	Yes N Yes N Yes N	Io Io			

SKILLED TRADESBC

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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.

		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	at ref	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
2. Reference							
Relationship to Applicant:		Former Empl	oyee		Contractor		Supplier
		Co-worker			Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	e:		Language(s) th	at ref	erence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
B. Reference							
	$\overline{}$	Former Empl	0.000		Contractor		Supplier
Relationship to Applicant:		Louner Embr	Oycc				* *
Relationship to Applicant:		Co-worker	oyec		Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
		_					
		_			Client		Partner) please specify:
First and Last Name of Reference		_	Language(s) th		Client		Partner) please specify: (Check all that apply)
Relationship to Applicant: First and Last Name of Reference Organization/Business Name: Phone Number:		_	Language(s) th		Client erence can communi		Partner) please specify: (Check all that apply)
First and Last Name of Reference Organization/Business Name:		_	Language(s) th		Client erence can communi Position/Title:		Partner) please specify: (Check all that apply)
First and Last Name of Reference Organization/Business Name:	D :	Co-worker	Language(s) th		Client erence can communi Position/Title:		Partner) please specify: (Check all that apply)