TOWER 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.

"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

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 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:	

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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 19 of 26 job tasks in this section	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

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 19 of 26 job tasks in this section	Declaration Response	
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
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

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Job Tasks D2 – must check "Yes" to a minimum of 3 of 5 job tasks in this section	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
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	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

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Job Tasks D4 – must check "Yes" to a minimum of 2 of 7 job tasks in this section	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. 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)

Enter the applicant's initials on every page of this form

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

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