

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

Use this form to apply to write a level exam for placement into the **Tower Crane Operator** apprenticeship program and to receive credit for the applicable technical training level within that program.

1. APPLICANT INFORMATION

SkilledTradesBC Individual ID# (if applicable):	*Program (Trade) Name:	*Level Wishing to Challenge:
	Tower Crane Operator	Level 1 Level 2
*Legal First Name:	*Legal Middle Name(s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender:	
	□ Man □ Woman □ Non-Binary □ Pr	refer not to answer
*Mailing Address		
*City	*Province	*Postal Code
*Phone Number	*Email Address	
*Do you identify as an Indigenous person?	If yes, do you identify as First Nations, Mét	is, or Inuk (Inuit)? Select all that apply.
□ Yes □ No □ Prefer not to answe	er 🗆 First Nations 🗆 Métis	□ Inuk (Inuit) □ Prefer not to answer

2. APPLICANT DECLARATION

FOR COMPLETION BY ALL APPLICANTS

I confirm that I have included in this application evidence of on-the-job training hours for each level including the level and trade referenced in this application. (check all that apply in level of application)

Level 1: 900 hours, of which:

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- □ A minimum of **500 hours** is operating tower crane equipment with a minimum mast height of 90 ft.
- **Level 2: 1,800 hours**, of which:
 - □ A minimum of **1,000 hours** is operating tower crane equipment with a minimum mast height of 90 ft.
 - □ A minimum of **500 hours** of documented rigging time

I unders	tand that I am lim	ited	to two attempts for this level exam.
	YES		NO
I unders	tand that I must a	chiev	ve a result of 70% or greater to be successful in challenging a level exam.
	YES		NO
	orentice registered ny readiness.	l witł	n SkilledTradesBC, I am aware my sponsor will receive the results of my exam and may be contacted to
	YES		NO

SkilledTradesBC is an agency of the Government of British Columbia



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3. SPONSOR/JOURNEYPERSON DECLARATION

NOTE: In Non-Skilled Trades Certification Trades, individuals who are not registered apprentices with SkilledTradesBC may have a journeyperson declare their work experience.

*Name of Organization: Organization ID# (optional): *Business Phone Number: *Business Email Address: (*Legal First Name:	*Legal Last Name:
*Business Phone Number: *Business Email Address: () I confirm that the applicant has on-the-job training hours for each level including the level and trade referenced in this application. (check all that apply in level of application) I confirm that the applicant has on-the-job training hours for each level including the level and trade referenced in this application. (check all that apply in level of application) I confirm that the applicant has on-the-job training hours for each level including the level and trade referenced in this application. (check all that apply in level of application) I Level 1: 900 hours, of which: I Level 2: 1,800 hours, of which: A minimum of 500 hours is operating tower crane equipment with a minimum mast height of 90 ft. A minimum of 300 hours of documented rigging time Note: The above hours are part of the eligibility criteria for the Level Placement Exam and will not be recorded on the individual file by signing off this form. I understand that applicants are limited to two writes of this level exam. YES NO I understand that applicants must achieve a score of 70% or better to be successful in challenging the level exam. YES NO		
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I understand that applicants must achieve a score of 70% or better to be successful in challenging the level exam.	I understand that applicants are limited to two writes of	this level exam.
	□ YES □ NO	
	I understand that applicants must achieve a score of 709	% or better to be successful in challenging the level exam.
I confirm that I support the applicant noted above to challenge the level exam referenced in this application.	□ YES □ NO	
	I confirm that I support the applicant noted above to cha	allenge the level exam referenced in this application.
	\Box YES \Box NO	
4. SPONSOR/JOURNEYPERSON SIGNATURE	4. SPONSOR/JOURNEYPERSON SIGNATURE	
Personal information recorded on this form is collected, used, disclosed, and managed in accordance with B.C.'s Freedom of Information and Protection of	Personal information recorded on this form is collected, used, o Privacy Act.	disclosed, and managed in accordance with B.C.'s Freedom of Information and Protection of

I certify, to the best of my knowledge, that the information I provided above is accurate.

*Signature of sponsor representative or Journeyperson

*Date (MM/DD/YYYY)



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5. EXAM DETAILS					
Program (Trade) Name:		Exam Level:			Preferred Exam Date (MM/DD/YYYY)
Tower Crane Operator		Level			
Where would you like to write your	Where would you like to write your exam (or if already scheduled, where is your exam booked for writing)? Please Check One:				
Burnaby	Fort St. Johr	n 🗆	Nanaimo		Surrey
□ Chilliwack	□ Kamloops		Penticton		Victoria
□ Courtenay	Kelowna		Prince George		Golden
□ Service BC Location:			for available locatio	ns, g	o to <u>http://servicebc.gov.bc.ca/locations</u>
6. EXAM ACCOMODATIO	NS (EXAM SU	PPORTS)			

Complete this section if you would like support in writing your exam (see SkilledTradesBC's Exam Accommodations Policy for more information: <u>https://www.skilledtradesbc.ca/policies-and-bylaws</u>

If you would like an accommodation (exam support), please review Appendix A – List of Available Accommodations and indicate your preference in the field below. If you request an accommodation, you may be contacted by SkilledTradesBC to help identify supports needed.

If you wrote a SkilledTradesBC exam in the past and received an accommodation(s) and would like the same accommodation(s) for this exam, please indicate in the field below the type of accommodation(s) you received previously. Please also check the box.

□ Check this box if you received an accommodation(s) for a previous SkilledTradesBC exam.

7. APPLICANT SIGNATURE

By signing below, I am consenting to the collection, use, and disclosure of my personal information by SkilledTradesBC which is managed in accordance with B.C.'s *Freedom of Information and Protection of Privacy Act* (FOIPPA) and the *Skilled Trades BC Act* and its regulations. For more information, see SkilledTradesBC's Privacy Management Policy (available on SkilledTradesBC's website policy page). If you have any questions, contact SkilledTradesBC's Privacy Officer at <u>privacy@skilledtradesbc.ca</u>

*Signature of applicant:

*Date (MM/DD/YYYY)



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APPENDIX A - LIST OF AVAILABLE EXAM ACCOMMODATIONS (EXAM SUPPORTS)

The table below outlines accommodations available to support individuals writing their SkilledTradesBC exam.

Accommodation Option	Description	
Blue overlay	The exam is printed on blue-coloured paper, which may have a calming effect or help with reading challen	iges.
Increased font size	The exam is printed in larger font, which may assist with reading comprehension or impaired vision.	
Straight edge	The candidate is provided a straight edge, which may help with the reading of an exam or blocking of exam questions.	
Earplugs	The candidate is provided earplugs, which may help block out noise and distractions during the exam	
Language dictionary	The candidate is permitted to bring a language dictionary during the exam, that translates words from Engl to their language of choice. The dictionary may not provide definitions but only direct, word-to-word translations.	lish
	NOTE: The candidate must supply their own language dictionary for use.	
Sign language interpreter (SkilledTradesBC or Self-provided)	The candidate may have a sign language interpreter attend the exam to sign the contents of the written examples a sign language interpreter attend the exam to sign the contents of the written examples at the sign of the si	m.
	NOTE: A candidate using a sign language interpreter is provided a one-hour time extension and a private recomplete their exam. If this option is chosen, SkilledTradesBC will contact the candidate to discuss details support.	
Translator (Self-provided)	The candidate may have a translator attend the exam and verbally translate the written exam into the cand chosen language.	idate's
	NOTE: A candidate using a translator is provided a one-hour time extension and a private room to complete the lift this option is chosen, SkilledTradesBC will contact the candidate to discuss details of this support. Translate supplied by the candidate and the candidate must provide a completed Translator/Reader Declaration is the application. The form can be found at https://skilledtradesbc.ca/exam-accommodations	ators must
Reader (SkilledTradesBC or Self-provided)	The candidate may have a reader attend the exam and verbally read the exam to the candidate. NOTE: A candidate using a reader is provided a one-hour time extension and a private room to complete thei If this option is chosen, SkilledTradesBC will contact the candidate to discuss details of this support. If the can is bringing their own reader, they must provide a completed Translator/Reader Declaration form with the application. The form can be found at <u>https://skilledtradesbc.ca/exam-accommodations</u>	
Text-to-speech software (Digital Reader)	The candidate is provided with an SkilledTradesBC device that contains a text-to-speech software program, aloud the contents of the exam. The candidate can control exam sections which may be read aloud and the reading.	
	NOTE: A candidate using text-to-speech software is provided a one-hour time extension and a private room complete their exam.	n to
Bilingual Exam (Red Seal Only)	The Red Seal exam content is printed in French.	
Extra time to write an exam	The candidate is provided with a one-hour time extension to complete their exam. A private room may be provided.	
Private sitting	The candidate is provided with a private room away from other candidates during their exam.	
Other*	If you need an accommodation that is not listed above, please indicate "Other" in section 3 of your Exam A	pplication
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