

MOBILE CRANE OPERATOR

STATUTORY DECLARATION OF WORK EXPERIENCE

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.

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

- experience performing job tasks listed as per Section D, and
- worked a minimum of **5,400 documented hours** of which 1,600 hours must be operating time.
Note: Of the **1,600 operating hours**, a minimum of **400 hours** must be accumulated on operating one or more of: mobile lattice friction equipment, mobile lattice hydraulic equipment, or mobile hydraulic equipment with capacity greater than 80 tonnes.

Once your challenge application is approved, you must first pass the SkilledTradesBC Level 1 Standardized Written Examination. You will then be approved to attempt the SkilledTradesBC Level 3 Standardized Written Examination and the Mobile Crane Operator Interprovincial Red Seal Examination. Once all three written examinations are passed, you will be required to pass the SkilledTradesBC Standardized Practical Assessment.

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)	
Mailing Address:			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):		Job Title of Applicant:	
From:	To:		
Total Number Hours of Mobile Crane Operator Experience Accumulated in that Period:		Total Number Hours of Mobile Crane Operator Operating Time (actual operation of the crane) Accumulated in that Period:	

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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.** If sufficient evidence of steps taken is not provided, the application may not be approved.

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 25 of 35 job tasks in this section	Declaration Response
SAFETY Comply with regulations, policies, and manufacturers’ manuals	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain a safe working environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow emergency procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Be aware of power line hazards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Practice effective worksite communications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CRANE SYSTEMS AND COMPONENTS Inspect carrier systems, outrigger systems, and turntable assemblies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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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 25 of 35 job tasks in this section	Declaration Response
Inspect power plants and drive systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect pneumatic systems, hydraulic systems, and electrical systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect steering systems and braking systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect hoisting systems and attachments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect safety components, devices, and aids	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
WIRE ROPE AND RIGGING	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use wire rope	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow wire rope installation procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect wire rope, slings, and rigging hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use slings and rigging hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use rigging techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain and store wire rope, slings, and rigging hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CRANE OPERATIONS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interpret operating manuals	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform a pre-operational inspection	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform a pre-operational setup	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate hoisting techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Leave a crane unattended according to proper procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks D1 - must check "Yes" to a minimum 25 of 35 job tasks in this section	Declaration Response
TRANSPORTING A CRANE	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow commercial transport regulations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare a crane for travel	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare a crane for transport	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Assemble and disassemble a crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CRANE MAINTENANCE	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use tools for basic crane maintenance	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform basic crane maintenance	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SPECIALIZED OPERATIONS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate a crane with a suspended work platform	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform engineered lifts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform heavy lifts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform dragline and clamshell operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform foundation and shoring operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform multiple crane lifts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Lift an object into or out of water	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Job Tasks D2 - must check "Yes" to all job tasks in this section	Declaration Response
LIFT PLANNING	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow site assessment procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Determine load weights	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks D2 - must check "Yes" to all job tasks in this section	Declaration Response
Determine crane lifting capacity	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Determine rigging requirements	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Conduct a site assessment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use a crane capacity chart	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Job Tasks D3 - must check "Yes" to a minimum of 2 of 6 job tasks in this section	Declaration Response
TELESCOPING BOOM CRANE OPERATIONS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform hoisting techniques for a telescoping boom crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate a telescoping boom crane, over 20 tonnes, with a slewing upper structure	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LATTICE BOOM HYDRAULIC CRANE OPERATIONS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform hoisting techniques for a lattice boom hydraulic crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate a lattice boom hydraulic crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LATTICE BOOM FRICTION CRANE OPERATIONS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform hoisting techniques for a lattice boom friction crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate a lattice boom friction crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

E. Applicant Signature

I certify that the information I have provided is 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)
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Enter the applicant name (repeat on every page of this form)

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Toll Free: 1-866-660-6011
customerservice@skilledtradesbc.ca

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:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

2. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

3. Reference

Relationship to Applicant:		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Client	<input type="checkbox"/> 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)	
	<input type="checkbox"/> English	<input type="checkbox"/> Other (specify):
Organization/Business Name:	Position/Title:	
Phone Number:	Email Address:	

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