

EMPLOYER 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 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.

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 **500 hours** are documented **rigging time**, and
 - minimum **500 hours** are tower crane equipment with a minimum mast height of 90 ft **operating time**.

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 2 Standardized Written Examination and the Tower 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

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

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

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:	I

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

Dates of Applicant's Employment (MM/DD/YYYY):	Total Number Hours of Crane-Related Experience Accumulated in that Period:
From: To:	
Total 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:

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 Title of Applicant:

C. Supervisor Contact Information

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.

Firs	t and Last Name of Applicant's Direct Supervi	sor:		Supervisor Position or Title:
Sup (ervisor's Phone Number:)			Supervisor E-Mail Address:
Lan	guage(s) that the employer/supervisor can co	mmu	nicate: (check all t	hat apply)
	English		Other (please spec	ify):

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

Job Tasks D1 – must check "Yes" to a minimum 19 of 26 job tasks in this section		laration sponse
SAFETY Comply with regulations, policies, and manufacturers' manuals	Yes: No:	
Maintain a safe working environment	Yes: No:	
Follow emergency procedures	Yes: No:	
Be aware of power line hazards	Yes: No:	
Practice effective worksite communications	Yes: No:	
CRANE SYSTEMS AND COMPONENTS Inspect carrier systems, outrigger systems, and turntable assemblies	Yes: No:	
Inspect power plants and drive systems	Yes: No:	
Inspect pneumatic systems, hydraulic systems, and electrical systems	Yes: No:	

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 Applicant First and Last Name:



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b Tasks D1 – must check "Yes" to a minimum 19 of 26 job tasks in this section		Declaration Response	
Inspect steering systems and braking systems	Yes: No:		
Inspect hoisting systems and attachments	Yes: No:		
Inspect safety components, devices, and aids	Yes: No:		
WIRE ROPE AND RIGGING Use wire rope	Yes: No:		
Follow wire rope installation procedures	Yes: No:		
Inspect wire rope, slings, and rigging hardware	Yes: No:		
Use slings and rigging hardware	Yes: No:		
Use rigging techniques	Yes: No:		
Maintain and store wire rope, slings, and rigging hardware	Yes: No:		
CRANE OPERATIONS Interpret operating manuals	Yes: No:		
Perform a pre-operational inspection	Yes: No:		
Perform a pre-operational setup	Yes: No:		
Demonstrate hoisting techniques	Yes: No:		
TRANSPORTING A CRANE Follow commercial transport regulations	Yes: No:		
Prepare a crane for travel	Yes: No:		
Prepare a crane for transport	Yes: No:		

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Job Tasks D1 – must check "Yes" to a minimum 19 of 26 job tasks in this section		Declaration Response	
CRANE MAINTENANCE Use tools for basic crane maintenance	Yes: No:		
Perform basic crane maintenance	Yes: No:		

Job Tasks D2 – must check "Yes" to a minimum 3 of 5 job tasks in this section		Declaration Response	
LIFT PLANNING - GENERAL Determine load weights	Yes: No:		
LIFT PLANNING – HAMMERHEAD TOWER CRANE 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 Conduct a site assessment for a luffing tower crane	Yes: No:		
Use a crane capacity chart for a luffing tower crane	Yes: No:		

Job Tasks E3 – must check "Yes" to a minimum 6 of 12 job tasks in this section		Declaration Response	
HAMMERHEAD TOWER CRANE OPERATIONS Interpret operating manuals for a hammerhead tower crane	Yes: 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	Yes: No:		
Operate a hammerhead tower crane	Yes: No:		

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Job Tasks E3 – must check "Yes" to a minimum 6 of 12 job tasks in this section		Declaration Response	
Leave a hammerhead tower crane unattended	Yes: No:		
LUFFING TOWER CRANE OPERATIONS Interpret operating manuals for a luffing tower crane	Yes: No:		
Perform a pre-operational inspection for a luffing tower crane	Yes: No:		
Perform a pre-operational setup for a luffing tower crane	Yes: No:		
Perform hoisting techniques for a luffing tower crane	Yes: No:		
Operate a luffing tower crane	Yes: No:		
Leave a luffing tower crane unattended	Yes: No:		

Job Tasks E4 – must check "Yes" to a minimum 1 of 5 job tasks in this section		Declaration Response	
SPECIALIZED OPERATIONS Operate a crane with a suspended work platform	Yes: No:		
Perform engineered lifts	Yes: No:		
Perform multiple crane lifts	Yes: No:		
CLIMBING CRANES Follow assembly and raising procedures for a bottom climbing tower crane	Yes: No:		
Follow assembly and raising procedures for a top climbing tower crane	Yes: No:		

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E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, 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.)

Supervisor name (Please Print):	Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Enter the supervisor and applicant names (repeat on every page of this form)

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