

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.

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

Legal Middle Name(s):

o minimum **500 hours** are tower crane equipment with a minimum mast height of 90 ft **operating time**.

Legal Last Name:

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

Legal First Name:

B. Self-Employment or Employment Information of Applicant						
Enter the contact information for yo Declaration.	ur own business if you are	self-employed or your	previous en	nployer who will not complete an Employer		
Name of Organization/Employer/Busin		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 hour employment on one form, but you r						
Dates of Employment (MM/DD/YYYY)):		Total Number Hours of Crane-Related Experience Accumulated in that Period:			
From:	renou.	Period:				
Total Number Hours of Rigging Hours Accumulated in that Period:		: Total Number time) Accumu		wer Crane Operating Time (on-crane seat Period:		
Enter the applicant name (repeat on every page of this form)						
Legal First Name:	nme(s):	Le	egal Last Name:			



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Job Title of Applicant:							
C. Reason for Statutory Declaration Indicate why a Statutory Declaration is required for this period of employment:							
Applicant was self-employed		not com	iplete Employer Declaration				
				1			
Applicants must attempt to contact current or If you have been unable to obtain an Employer you have taken to try to obtain it. If sufficient	Declaration for any portion of your nor	n-self-em	ployed work experience, indic		teps		
D11'" "N-" th D1t' D		_					
period indicated in Section B. Job Tasks D1 – must check "Yes" to a mi			formed the job tasks listed belo	Declar Resp	ration		
period indicated in Section B.	inimum 19 of 26 job tasks in this se		formed the job tasks listed belo	Declar	ration		
Job Tasks D1 – must check "Yes" to a mi	inimum 19 of 26 job tasks in this so		formed the job tasks listed belo	Declar Resp	ration onse		
Job Tasks D1 – must check "Yes" to a mi SAFETY Comply with regulations, policies, an	inimum 19 of 26 job tasks in this so		formed the job tasks listed belo	Declar Responses Yes: No: Yes:	ration onse		
Job Tasks D1 – must check "Yes" to a mi SAFETY Comply with regulations, policies, an Maintain a safe working environmen	inimum 19 of 26 job tasks in this so		formed the job tasks listed belo	Peclar Response Yes: No: Yes: No:	ration onse		
Job Tasks D1 – must check "Yes" to a mi SAFETY Comply with regulations, policies, an Maintain a safe working environmen Follow emergency procedures	inimum 19 of 26 job tasks in this so		formed the job tasks listed belo	Peclar Response No: Yes: No: Yes: No: Yes: No: Yes:	ration onse		
Job Tasks D1 – must check "Yes" to a mi SAFETY Comply with regulations, policies, an Maintain a safe working environmen Follow emergency procedures Be aware of power line hazards	inimum 19 of 26 job tasks in this so		formed the job tasks listed belo	Peclar Response No: Yes: No: Yes: No: Yes: No: Yes: Yes: Yes:	ration onse		
Job Tasks D1 – must check "Yes" to a mi SAFETY Comply with regulations, policies, an Maintain a safe working environmen Follow emergency procedures Be aware of power line hazards Practice effective worksite communic	inimum 19 of 26 job tasks in this so		formed the job tasks listed belo	Peclar Response No: Yes:	ration onse		



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Job Tasks D1 – must check "Yes" to a minimum 19 of 26 job tasks in this section			
Inspect power plants and drive systems	Yes: No:		
Inspect pneumatic systems, hydraulic systems, and electrical systems	Yes: No:		
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:		

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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Job Tasks D1 - must check "Yes" to a m	inimum 19 of 26 job tasks in thi	s section		Decla: Resp		
Prepare a crane for travel				Yes: No:		
Prepare a crane for transport						
CRANE MAINTENANCE Use tools for basic crane maintenance						
Perform basic crane maintenance				Yes: No:		
Job Tasks D2 – must check "Yes" to a m	inimum 3 of 5 job tasks in this s	ection		Decla Resp		
LIFT PLANNING - GENERAL Determine load weights				Yes: No:		
LIFT PLANNING - HAMMERHEAD TOWER Conduct a site assessment for a ham				Yes: No:		
Use a crane capacity chart for a hammerhead tower crane						
LIFT PLANNING – LUFFING TOWER CRANE Conduct a site assessment for a luffing tower crane						
Use a crane capacity chart for a luffing tower crane						
Job Tasks E3 – must check "Yes" to a m	inimum 6 of 12 job tasks in this	section		Decla Resp		
HAMMERHEAD TOWER CRANE OPERATION Interpret operating manuals for a ha				Yes: No:		
Perform a pre-operational inspection for a hammerhead tower crane						
Perform a pre-operational setup for a hammerhead tower crane						
Enter the applicant name (repeat on every pag	of this form)			•		



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Job Tasks E3 – must che	ck "Yes" to a minimum 6 of 12 job tasks in thi		aration ponse				
Perform hoisting to	echniques for a hammerhead tower crane	Yes: No:					
Operate a hammerhead tower crane							
Leave a hammerho	Leave a hammerhead tower crane unattended						
LUFFING TOWER CRANE Interpret operating	OPERATIONS g manuals for a luffing tower crane	Yes: No:					
Perform a pre-ope	rational inspection for a luffing tower crane	Yes: No:					
Perform a pre-ope	rational setup for a luffing tower crane	Yes: No:					
Perform hoisting to	echniques for a luffing tower crane	Yes: No:					
Operate a luffing to	ower crane	Yes: No:					
Leave a luffing tower crane unattended							
Joh Tacke E4 must cho	ck "Yes" to a minimum 1 of 5 job tasks in this	o soction Decl	aration				
Job Tuoko 114 - Illuot elle	ck 105 to a minimum 1010 job tasks in this	o occurri	ponse				
Operate a crane wi	NS ith a suspended work platform	Yes: No:					
Perform engineere	ed lifts	Yes: No:					
Perform multiple crane lifts							
CLIMBING CRANES Follow assembly and raising procedures for a bottom climbing tower crane							
Follow assembly and raising procedures for a top climbing tower crane							
Enter the applicant name (re	epeat on every page of this form)	-					
Legal First Name: Legal Middle Name(s): Legal Last Name:							



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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)

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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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 Emp	loyee) (Contractor		Supplier
		Co-worker		1 (Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	:		Language(s) that re	efer	ence 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 Emp	loyee	1	Contractor		Supplier
		Co-worker		1 (Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	:		Language(s) that re	efer	ence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
3. Reference							
Relationship to Applicant:		Former Emp	loyee	1 (Contractor		Supplier
		Co-worker		1 0	Client		Other (i.e. HR; Book keeper; Accountant, Business Partner) please specify:
First and Last Name of Reference	:		Language(s) that re	efer	ence can communi	cate:	(Check all that apply)
			☐ English				Other (specify):
Organization/Business Name:					Position/Title:		
Phone Number:					Email Address:		
Enter the applicant name (rep	eat o	on every page	of this form)				
Legal First Name:			Legal Middle Name((s):			Legal Last Name: