

**TOWER CRANE OPERATOR
STATUTORY DECLARATION
OF WORK EXPERIENCE**

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 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 19 of 26 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"/>

Enter the applicant name (repeat on every page of this form)

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

TOWER CRANE OPERATOR
STATUTORY DECLARATION
OF WORK EXPERIENCE

Job Tasks D1 - must check "Yes" to a minimum 19 of 26 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 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 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"/>
TRANSPORTING A CRANE Follow commercial transport regulations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the applicant name (repeat on every page of this form)

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

TOWER CRANE OPERATOR
STATUTORY DECLARATION
OF WORK EXPERIENCE

Job Tasks D1 - must check "Yes" to a minimum 19 of 26 job tasks in this section	Declaration Response
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"/>
CRANE MAINTENANCE 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"/>

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: <input type="checkbox"/> No: <input type="checkbox"/>
LIFT PLANNING - HAMMERHEAD TOWER CRANE Conduct a site assessment for a hammerhead tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use a crane capacity chart for a hammerhead tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LIFT PLANNING - LUFFING TOWER CRANE Conduct a site assessment for a luffing tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use a crane capacity chart for a luffing tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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: <input type="checkbox"/> No: <input type="checkbox"/>
Perform a pre-operational inspection for a hammerhead tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform a pre-operational setup for a hammerhead tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the applicant name (repeat on every page of this form)

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

TOWER CRANE OPERATOR
STATUTORY DECLARATION
OF WORK EXPERIENCE

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

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: <input type="checkbox"/> No: <input type="checkbox"/>
Perform engineered lifts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform multiple crane lifts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CLIMBING CRANES Follow assembly and raising procedures for a bottom climbing tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow assembly and raising procedures for a top climbing tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the applicant name (repeat on every page of this form)

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

TOWER CRANE OPERATOR
STATUTORY DECLARATION
OF WORK EXPERIENCE

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:
-------------------	-----------------------	------------------

**TOWER CRANE OPERATOR
STATUTORY DECLARATION
OF WORK EXPERIENCE**

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:	

Enter the applicant name (repeat on every page of this form)

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