

**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.

“Mobile Crane Operator” means a person who operates a mobile crane to perform lifts and hoists, sets up cranes, takes down cranes, and plans lifts and crane procedures.

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, the following completion requirements must be met for certification:

- SkilledTradesBC Level 1 Standardized Written Exam (SLE)
- SkilledTradesBC Level 3 SLE (eligible to attempt after successful completion of the Level 1 SLE)
- Interprovincial Red Seal Exam (IP) (eligible to attempt after successful completion of the Level 1 SLE)
- SkilledTradesBC Standardized Practical Assessment (eligible to attempt after successful completion of the Level 1 SLE and Level 3 SLE)

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:
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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): From: To:	Job Title of Applicant:
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 23 of 33 job tasks in this section	Declaration Response
USE COMMON OCCUPATIONAL SKILLS	
Comply with regulations, policies, and manufacturers’ manuals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintain a safe working environment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Be aware of energized systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Practice effective worksite communications	<input type="checkbox"/> Yes <input type="checkbox"/> No
PERFORM CRANE INSPECTION AND MAINTENANCE	
Inspect engine components	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect braking components	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect carrier components	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect suspension components	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspect drive components	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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 23 of 33 job tasks in this section	Declaration Response	
Inspect steering components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect hoisting system components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect electrical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect crane components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect, maintain, and use crane wire rope	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use tools for basic crane maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform basic crane maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
USE RIGGING		
Identify types of slings and rigging hardware	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect slings and rigging hardware	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain and store slings and rigging hardware	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform rigging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PERFORM COMMON CRANE OPERATIONS		
Interpret operating manuals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform a pre-operational inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform a pre-operational setup	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform operations and hoisting techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Secure a crane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ASSEMBLE, DISASSEMBLE, AND TRANSPORT A CRANE		
Perform crane transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assemble and disassemble a crane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assemble and disassemble specialty equipment and attachments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
USE SPECIALIZED OPERATIONS		
Operate with a suspended work platform	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform heavy lifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operate a crane with piledriving equipment and duty cycle operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perform multiple crane lifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operate a crane on a floating platform	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Job Tasks D2 – must check “Yes” to all job tasks in this section	Declaration Response
LIFT PLANNING	
Follow site assessment procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Determine load weights	<input type="checkbox"/> Yes <input type="checkbox"/> No
Determine crane lifting capacity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Determine rigging requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conduct a site assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use a crane capacity chart	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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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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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