



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

**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.

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**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.

<b>Job Tasks D1 – must check “Yes” to a minimum 19 of 26 job tasks in this section</b>	<b>Declaration Response</b>	
<b>USE COMMON OCCUPATIONAL SKILLS</b>		
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
Follow emergency procedures	<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
<b>PERFORM CRANE INSPECTION AND MAINTENANCE</b>		
Inspect structural components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect mechanical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect electrical components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect support components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect track (rail) travel components	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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<b>Job Tasks D1 – must check “Yes” to a minimum 19 of 26 job tasks in this section</b>	<b>Declaration Response</b>	
Inspect cab components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect access components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspect safety components, devices, and aids	<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
<b>USE RIGGING</b>		
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
<b>PERFORM COMMON CRANE OPERATIONS</b>		
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
Monitor conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Secure a crane	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Job Tasks D2 – must check “Yes” to a minimum of 3 of 5 job tasks in this section</b>	<b>Declaration Response</b>	
<b>LIFT PLANNING – GENERAL</b>		
Determine load weights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>LIFT PLANNING – HAMMERHEAD TOWER CRANE</b>		
Conduct a site assessment for a hammerhead tower crane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use a crane capacity chart for a hammerhead tower crane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>LIFT PLANNING – LUFFING TOWER CRANE</b>		
Conduct a site assessment for a luffing tower crane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use a crane capacity chart for a luffing tower crane	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Job Tasks D3 – must check “Yes” to a minimum of 6 of 12 job tasks in this section	Declaration Response
<b>HAMMERHEAD TOWER CRANE OPERATIONS</b>	
Interpret operating manuals for a hammerhead tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform a pre-operational inspection for a hammerhead tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform a pre-operational setup for a hammerhead tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform hoisting techniques for a hammerhead tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operate a hammerhead tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leave a hammerhead tower crane unattended	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>LUFFING TOWER CRANE OPERATIONS</b>	
Interpret operating manuals for a luffing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform a pre-operational inspection for a luffing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform a pre-operational setup for a luffing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform hoisting techniques for a luffing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operate a luffing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leave a luffing tower crane unattended	<input type="checkbox"/> Yes <input type="checkbox"/> No

Job Tasks D4 – must check “Yes” to a minimum of 2 of 7 job tasks in this section	Declaration Response
<b>USE SPECIALIZED OPERATIONS</b>	
Operate with a suspended work platform	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform engineered lifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform multiple crane lifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CLIMBING, RECONFIGURING, AND TRANSPORTING CRANES</b>	
Follow assembly and raising procedures for a bottom climbing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow assembly and raising procedures for a top climbing tower crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow crane reconfiguration procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow assembly, disassembly, and transport procedures for a self-erect tower 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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**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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