

**MOBILE CRANE OPERATOR  
EMPLOYER DECLARATION  
OF WORK EXPERIENCE**

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.

“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

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

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

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

Dates of Applicant’s Employment (MM/DD/YYYY): From: To:	Job Title of Applicant:
Total Number Hours of <b>Mobile Crane Operator</b> Experience Accumulated in that Period:	Total Number Hours of <b>Mobile Crane Operator Operating Time</b> (actual operation of the crane) 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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# MOBILE CRANE OPERATOR

## EMPLOYER DECLARATION OF WORK EXPERIENCE

### 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.

First and Last Name of Applicant’s Direct Supervisor:	Supervisor Position or Title:
Supervisor’s Phone Number: (    )	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply)	
<input type="checkbox"/> English <span style="margin-left: 150px;"><input type="checkbox"/> Other (please specify): _____</span>	

### 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 23 of 33 job tasks in this section	Declaration Response
<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
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 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
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

*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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<b>Job Tasks D1 – must check “Yes” to a minimum 23 of 33 job tasks in this section</b>	<b>Declaration Response</b>
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
Secure a crane	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ASSEMBLE, DISASSEMBLE, AND TRANSPORT A CRANE</b>	
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
<b>USE SPECIALIZED OPERATIONS</b>	
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 piling 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

<b>Job Tasks D2 – must check “Yes” to all job tasks in this section</b>	<b>Declaration Response</b>
<b>LIFT PLANNING</b>	
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

*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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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 D2 – must check “Yes” to all job tasks in this section	Declaration Response
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
<b>TELESCOPING BOOM CRANE OPERATIONS</b>	
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
<b>LATTICE BOOM HYDRAULIC CRANE OPERATIONS</b>	
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
<b>LATTICE BOOM FRICTION CRANE OPERATIONS</b>	
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. 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)
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*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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