

# Statutory Declaration of Work Experience

## Mobile Crane Operator Lattice Boom Hydraulic

### Instructions

1. Print this document.
2. Complete the form including all signatures.
  - **Print clearly.**
  - All fields are required. Processing will be delayed if information is missing.
3. Mail the completed form (and cheque, if applicable) to:

BC Association for Crane Safety  
595 Burrard Street  
PO Box 48883 Bentall  
Vancouver, BC, V7X1A8

Alternately, if you are paying via credit card, you can fax this form to:

(604) 336-4510

This form is used to declare work experience for periods of employment. The information provided is used to verify the applicant’s work experience in this trade. This form must be completed by a **direct supervisor of the applicant** who will be contacted by the BC Association for Crane Safety (BCACS) or ITA.

## 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:
BCACS Identification Number:	<i>Please register at <a href="http://bcacs.ca">bcacs.ca</a> for a BCACS Identification Number</i>	

## B. Supervisor or Self-Employment Contact Information

Enter the name and contact information for the person who directly supervised the applicant at this employer. Ensure the information given is current as the application will be denied if this person cannot be contacted by the ITA.

Organization/Employer Name		Supervisor Name	Supervisor’s Position/Title
Suite	Street Number and Name		
City	Province	Postal Code	
Business Number (   ) -	Mobile Phone Number (   ) -	Supervisor Email Address	

## C. Employment Information of Applicant

Dates of Applicant's Employment		Total Number Hours of <b>Mobile Crane Operator - Lattice Boom Hydraulic</b> Experience Accumulated in that Period:
From	To	
mm/dd/yyyy	mm/dd/yyyy	
Job Title of Applicant:		

## D. Reason for the Statutory Declaration

Indicate why a Statutory Declaration is required for this period of employment

- Applicant was self-employed
  Employer will not complete Employer Declaration  
 Employer is no longer in business
  Employment records are not available

Applicants must attempt to contact current or previous employers to request an Employer Declaration. 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 is not provided, the application may not be approved.

---



---



---



---



---

## E. Statutory Declaration of Job Task Performance

By checking “yes” or “no” in the Declaration Response column, indicate whether or not you have performed the job tasks listed below. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declaration Response	
	Yes	No
<b>Safety</b>		
Demonstrate knowledge of safe working practices for crane operators		
Demonstrate knowledge of power line hazards and high voltage equipment		
Comply with WorkSafeBC Occupational Health and Safety Regulation (OHSR)		
<b>Communications</b>		
Demonstrate knowledge of personnel involved in crane operations		
Demonstrate knowledge of hand signals		
Demonstrate knowledge of radio communications		
Demonstrate knowledge of workplace communications		
Use hand signals in the workplace		
Use radio communications in the workplace		
Communicate information clearly and check for understanding in the workplace		
<b>Cranes</b>		
Demonstrate knowledge of types of cranes and classifications		
Demonstrate knowledge of terminology related to craning and craning concepts		
Demonstrate knowledge of hoisting terminology, functions and systems		
Demonstrate knowledge of regulatory requirements pertaining to cranes		
Demonstrate knowledge of crane components and attachments		
Demonstrate knowledge of engines and ancillary systems		
Demonstrate knowledge of power transfer		
Use crane components and attachments for mobile cranes in the workplace		
<b>Rigging and Lifting Theory</b>		
Demonstrate knowledge of lifting theory and forces		
Demonstrate knowledge of slings (all types), rigging hardware, materials, inspection and capacity cards		

Job Tasks	Declaration Response	
	Yes	No
Demonstrate knowledge of wire rope hoist lines construction and inspection		
Use rigging hardware and tools in the workplace		
<b>Hoisting Fundamentals</b>		
Demonstrate knowledge of determining load weights using fundamental math functions and calculations		
Demonstrate knowledge of determining the capacity of a crane using load charts		
Interpret load charts and load study drawings to configure crane for workplace operation.		
<b>Transportation and Delivery</b>		
Demonstrate knowledge of BC Ministry of Transportation - Commercial Transport rules and regulations		
Demonstrate knowledge to assemble, set up to operate and disassemble a mobile crane at a worksite		
Prepare and transport a mobile crane to a worksite following all highway and traffic rules and regulations		
Assemble, set up and operate and disassemble a mobile crane at a worksite		
Demonstrate knowledge to prepare a mobile crane for transport and/or travel		
<b>Site Planning and Crane Positioning</b>		
Demonstrate knowledge of accurate site assessment tools		
Demonstrate knowledge to locate and safely position a crane		
Conduct an accurate site assessment and safely position a crane in the workplace		
<b>Crane Operations</b>		
Demonstrate knowledge of pre-operational requirements in crane operations		
Demonstrate knowledge of crane operations		
Demonstrate knowledge of lifting plans and rigging for cranes		
Demonstrate knowledge to leave a mobile crane unattended		
Demonstrate knowledge of mobile hydraulic crane 80 tonnes and under load charts and load calculations		
Construct pre-operational inspections of mobile cranes and equipment in the workplace		
Conduct safe crane set-up according to manufacturers specifications		
Operate a mobile hydraulic crane 80 tonnes and under to lift and place loads in the workplace		
Leave a mobile crane unattended		

Job Tasks	Declaration Response	
	Yes	No
<b>Maintenance and Service</b>		
Maintain an equipment logbook to retain a permanent written record of maintenance and repairs		
Demonstrate knowledge of inspecting engines, monitoring devices and hydraulic systems		
Demonstrate knowledge of servicing and maintenance procedures		
Complete maintenance checklists (engine on/ engine off) and maintain engines to manufacturer's specifications		
Perform routine inspections and maintenance of hydraulic systems on mobile cranes		
Inspect monitoring devices and control mechanisms on mobile cranes		
Perform service on engine cooling systems on mobile cranes		
<b>Hydraulic Unlimited Tonnage</b>		
Demonstrate knowledge of hydraulic boom crane structure, components and assembly		
Demonstrate knowledge of hydraulic boom crane load charts and load calculations		
Operate a hydraulic boom crane safely according to manufacturer's specifications and all regulations		
<b>Lattice Boom Hydraulic Cranes</b>		
Demonstrate knowledge of lattice boom hydraulic crane structure, components and assembly		
Demonstrate knowledge of lattice boom hydraulic crane load charts and load calculations		
Operate a lattice boom hydraulic crane safely according to manufacturer's specifications and all regulations		

## F. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials is required before the individual is permitted to challenge certification. For those trades, a current or previous employer must verify that the applicant has the required prerequisite credentials. Prerequisite credentials for this trade are listed below.

I verify that the applicant has attained all the prerequisite credentials or certification required to be considered eligible to challenge in this trade.

- 400 hours lattice boom crane operating time
- 1,200 hours hydraulic boom crane operating time

### Lattice Boom Crane Operating Time Verification Declaration

Year/Month	Company	Location	Number of Hours

### Hydraulic Boom Crane Operating Time Verification Declaration

Year/Month	Company	Location	Number of Hours

## G. 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 Signed:  mm/dd/yyyy
--------------------------------	----------------------	--------------------------------



## References

References must accompany all statutory declarations. Include with your completed Statutory Declaration the names and contact information of three individuals who can verify your self-declared work experience in this trade. This may include suppliers (maximum one), contractors, or regular, long-term clients (maximum one).

Each Individual listed will be contacted by the Industry Training Organization responsible for this trade or ITA to verify the information provided in your application.

### Reference

Legal Last Name	Legal First Name
Organization/Business Name	Position/Title
Business Phone Number	Reference Cell Number
Relationship to Applicant	Email Address

### Reference

Legal Last Name	Legal First Name
Organization/Business Name	Position/Title
Business Phone Number	Reference Cell Number
Relationship to Applicant	Email Address

### Reference

Legal Last Name	Legal First Name
Organization/Business Name	Position/Title
Business Phone Number	Reference Cell Number
Relationship to Applicant	Email Address