



BOOM TRUCK - STIFF BOOM UNLIMITED TONNAGE

EMPLOYER DECLARATION OF WORK EXPERIENCE

ITA 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@itabc.ca

To qualify to challenge certification in this trade, you must:

- Have experience performing all of the tasks listed in Section D

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.

Note: An Employer Declaration of Work Experience form must be completed by each Employer listed on the applicant's completed Application form. A Statutory Declaration of Work Experience form must be completed for periods during which the applicant was self-employed or a previous employer is unavailable to complete an Employer Declaration. For more information, see **Instructions for Certification Challenge**.

Once your challenge application is approved, you must pass the ITA Certificate of Qualification Exam before attempting the practical assessment. The written exam is administered by ITA and the practical exam is administered by the Fulford Harbour Group on behalf of ITA. You must pass both to receive certification.

For more information on fees and scheduling of the written exam, refer to the **Instructions for Certification Challenge**. For more information on fees and scheduling of the practical exam, and to download the practical exam application form, see the Fulford Harbour Group website at www.fulford.ca.

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. Supervisor 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 ITA.

Name of Organization/Employer/Business:		
First and Last Name of Applicant's Direct Supervisor:		Supervisor Position or Title:
Suite Number:	Street Number and Name:	
City:	Province:	Postal Code:
Business Number: ()	Mobile Phone Number: ()	Supervisor E-Mail Address:



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C. Employment Information of Applicant

Dates of Applicant's Employment (MM/DD/YYYY): From: _____ To: _____	Total Number Hours of Boom Truck - Stiff Boom Unlimited Tonnage Experience Accumulated in that Period: _____
Job Title of Applicant: _____	

D. Supervisor Declaration of Job Task Performance

By checking "Yes" or "No" in the Declaration Response column, indicate whether or not you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed. Cross out any job tasks you did not see the applicant perform.

Job Tasks	Declaration Response	
	Yes	No
Safety		
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)		
Communications		
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		
Cranes		
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		

Enter the Supervisor and Applicant names from Page 1 on every page of this form

Supervisor First and Last Name: _____	Applicant First and Last Name: _____
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Job Tasks	Declaration Response	
	Yes	No
Demonstrate knowledge of crane components and attachments for boom trucks		
Demonstrate knowledge of engines and ancillary systems		
Demonstrate knowledge of power transfer for boom trucks		
Rigging and Lifting Theory		
Demonstrate knowledge of lifting theory and forces		
Demonstrate knowledge of slings (all types), rigging hardware, materials, inspection and capacity cards		
Demonstrate knowledge of wire rope hoist line construction and inspection		
Use rigging hardware and tools in the workplace		
Hoisting Fundamentals		
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		
Transportation and Delivery		
Demonstrate knowledge of BC Ministry of Transportation – Commercial Transport rules and regulations		
Demonstrate knowledge to prepare a boom truck and associated loads for highway/road travel		
Prepare and transport a mobile crane to a worksite following all highway and traffic rules and regulations		
Prepare a boom truck and associated loads for highway/road travel		
Site Planning and Crane Positioning		
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 boom truck with a folding boom (unlimited tonnage) in the workplace		
Conduct an accurate site assessment and safely position a boom truck with a stiff boom (unlimited tonnage) in the workplace		

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Supervisor First and Last Name:	Applicant First and Last Name:
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Job Tasks	Declaration Response	
	Yes	No
Crane Operations		
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 of folding boom (unlimited tonnage) load charts and load calculations		
Demonstrate knowledge of stiff boom (unlimited tonnage) load charts and load calculations		
Demonstrate knowledge to leave a mobile crane unattended.		
Conduct pre-operational inspections of mobile cranes and equipment in the workplace		
Conduct safe crane set-up according to manufacturer's specifications		
Operate a boom truck with a folding boom (unlimited tonnage) to lift and place loads in the workplace		
Operate a boom truck with a stiff boom (unlimited tonnage) to lift and place loads in the workplace		
Leave a mobile crane unattended.		
Maintenance and Service		
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		
Perform service on engine cooling systems on mobile cranes		
Complete maintenance checklists (engine on/ engine off) and maintain engines on boom trucks (unlimited tonnage) to manufacturer's specifications		
Perform routine inspections and maintenance on hydraulic systems on boom trucks (unlimited tonnage)		
Inspect monitoring devices and control mechanisms on boom trucks with folding booms (unlimited tonnage)		
Inspect monitoring devices and control mechanisms on boom trucks with stiff booms (unlimited tonnage)		

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Supervisor First and Last Name:	Applicant First and Last Name:
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E. Confirmation of Prerequisite Credentials or Certificates

For some trades, evidence that the applicant has earned prerequisite credentials or certificates 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.

- There are no prerequisite credentials or certificates for this trade.

F. 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 from Page 1 on every page of this form

Supervisor First and Last Name:	Applicant First and Last Name:
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