



BOOM TRUCK OPERATOR – STIFF BOOM UNLIMITED TONNAGE

STATUTORY 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

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.*

To qualify to challenge certification in this trade, individuals must have:

- experience performing **all** the job tasks listed in Section D, and
- worked a minimum of **400 hours** of operating **stiff boom** equipment with **capacity greater than 40 tonnes**.

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 Fulford on behalf of ITA. You must pass both to receive certification.

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):		Total Number Hours of Boom Truck – Stiff Boom Unlimited Tonnage Experience Accumulated in that Period:
From:	To:	
Job Title of Applicant:		



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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	Declaration Response
SAFETY	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of safe working practices for crane operators	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of power line hazards and high voltage equipment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Comply with WorkSafeBC Occupational Health and Safety Regulation (OHSR)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
COMMUNICATIONS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of personnel involved in crane operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of hand signals	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of radio communications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks	Declaration Response
Demonstrate knowledge of workplace communications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use hand signals in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use radio communications in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Communicate information clearly and check for understanding in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CRANES	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of types of cranes and classifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of terminology related to craning and craning concepts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of hoisting terminology, functions and systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of regulatory requirements pertaining to cranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of crane components and attachments for boom trucks	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of engines and ancillary systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of power transfer for boom trucks	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
RIGGING AND LIFTING THEORY	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of lifting theory and forces	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of slings (all types), rigging hardware, materials, inspection and capacity cards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of wire rope hoist line construction and inspection	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use rigging hardware and tools in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
HOISTING FUNDAMENTALS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of determining load weights using fundamental math functions and calculations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks	Declaration Response
Demonstrate knowledge of determining the capacity of a crane using load charts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interpret load charts and load study drawings to configure crane for workplace operation	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
TRANSPORTATION AND DELIVERY Demonstrate knowledge of BC Ministry of Transportation – Commercial Transport rules and regulations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge to prepare a boom truck and associated loads for highway/road travel	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare and transport a mobile crane to a worksite following all highway and traffic rules and regulations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare a boom truck and associated loads for highway/road travel	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
SITE PLANNING AND CRANE POSITIONING Demonstrate knowledge of accurate site assessment tools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge to locate and safely position a crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Conduct an accurate site assessment and safely position a boom truck with a folding boom (unlimited tonnage) in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Conduct an accurate site assessment and safely position a boom truck with a stiff boom (unlimited tonnage) in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CRANE OPERATIONS Demonstrate knowledge of pre-operational requirements in crane operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of crane operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of lifting plans and rigging for cranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of folding boom (unlimited tonnage) load charts and load calculations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of stiff boom (unlimited tonnage) load charts and load calculations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge to leave a mobile crane unattended.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks	Declaration Response
Conduct pre-operational inspections of mobile cranes and equipment in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Conduct safe crane set-up according to manufacturer's specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate a boom truck with a folding boom (unlimited tonnage) to lift and place loads in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate a boom truck with a stiff boom (unlimited tonnage) to lift and place loads in the workplace	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Leave a mobile crane unattended.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
MAINTENANCE AND SERVICE Maintain an equipment logbook to retain a permanent written record of maintenance and repairs	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of inspecting engines, monitoring devices and hydraulic systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate knowledge of servicing and maintenance procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform service on engine cooling systems on mobile cranes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Complete maintenance checklists (engine on/ engine off) and maintain engines on boom trucks (unlimited tonnage) to manufacturer's specifications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform routine inspections and maintenance on hydraulic systems on boom trucks (unlimited tonnage)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect monitoring devices and control mechanisms on boom trucks with folding booms (unlimited tonnage)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect monitoring devices and control mechanisms on boom trucks with stiff booms (unlimited tonnage)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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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 ITA 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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