





**MOBILE CRANE OPERATOR  
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

**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 ITA.

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 <input type="checkbox"/> Other (please specify): _____	

**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 25 of 35 job tasks in this section	Declaration Response
<b>SAFETY</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Comply with regulations, policies, and manufacturers' manuals	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain a safe working environment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow emergency procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Be aware of power line hazards	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Practice effective worksite communications	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>CRANE SYSTEMS AND COMPONENTS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect carrier systems, outrigger systems, and turntable assemblies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect power plants and drive systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect pneumatic systems, hydraulic systems, and electrical systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect steering systems and braking systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the supervisor and applicant names (repeat on every page of this form)

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



**MOBILE CRANE OPERATOR  
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

<b>Job Tasks D1 – must check “Yes” to a minimum 25 of 35 job tasks in this section</b>	<b>Declaration Response</b>
Inspect hoisting systems and attachments	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect safety components, devices, and aids	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>WIRE ROPE AND RIGGING</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use wire rope	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow wire rope installation procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect wire rope, slings, and rigging hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use slings and rigging hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use rigging techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Maintain and store wire rope, slings, and rigging hardware	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>CRANE OPERATIONS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Interpret operating manuals	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform a pre-operational inspection	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform a pre-operational setup	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Demonstrate hoisting techniques	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Leave a crane unattended according to proper procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>TRANSPORTING A CRANE</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow commercial transport regulations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare a crane for travel	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Prepare a crane for transport	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

*Enter the supervisor and applicant names (repeat on every page of this form)*

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



**MOBILE CRANE OPERATOR  
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

<b>Job Tasks D1 – must check “Yes” to a minimum 25 of 35 job tasks in this section</b>	<b>Declaration Response</b>
Assemble and disassemble a crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>CRANE MAINTENANCE</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use tools for basic crane maintenance	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform basic crane maintenance	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>SPECIALIZED OPERATIONS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate a crane with a suspended work platform	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform engineered lifts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform heavy lifts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform dragline and clamshell operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform foundation and shoring operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform multiple crane lifts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Lift an object into or out of water	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

<b>Job Tasks D2 – must check “Yes” to all job tasks in this section</b>	<b>Declaration Response</b>
<b>LIFT PLANNING</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow site assessment procedures	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Determine load weights	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Determine crane lifting capacity	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Determine rigging requirements	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

*Enter the supervisor and applicant names (repeat on every page of this form)*

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



**MOBILE CRANE OPERATOR  
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

<b>Job Tasks D2 – must check “Yes” to all job tasks in this section</b>	<b>Declaration Response</b>
Conduct a site assessment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use a crane capacity chart	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

<b>Job Tasks D3 – must check “Yes” to a minimum of 2 of 6 job tasks in this section</b>	<b>Declaration Response</b>
<b>TELESCOPING BOOM CRANE OPERATIONS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform hoisting techniques for a telescoping boom crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate a telescoping boom crane, over 20 tonnes, with a slewing upper structure	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>LATTICE BOOM HYDRAULIC CRANE OPERATIONS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform hoisting techniques for a lattice boom hydraulic crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate a lattice boom hydraulic crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b>LATTICE BOOM FRICTION CRANE OPERATIONS</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform hoisting techniques for a lattice boom friction crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate a lattice boom friction crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

**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)
---------------------------------	-----------------------	---------------------------

*Enter the supervisor and applicant names (repeat on every page of this form)*

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