

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

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 ITA.

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

Legal Middle Name(s):

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge.

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, you must first pass the ITA Level 1 Standardized Written Examination. You will then be approved to attempt the ITA Level 3 Standardized Written Examination and the Mobile Crane Operator Interprovincial Red Seal Examination. Once all three written examinations are passed, you will be required to pass the ITA Standardized Practical Assessment.

Legal Last Name:

A. Applicant Name

Legal First Name:

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

B.	Employment Information of Applicant					
Enter	Enter the business information for the applicant's period of employment declared for this trade.					
Name	of Organization/Employer/Business:					
Mailing Address:			City:			
Provin	ce/ State:	Country:	Postal Code/ Zip Code:			
Busine (ess Phone Number:)	Website:				

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

Dates of Applicant's Employment (MM/DD/YYYY):	Job Title of Applicant:
From: To:	
Total Number Hours of Mobile Crane Operator Experience Accumulated in that Period:	Total Number Hours of Mobile Crane Operator Operating Time (actual operation of the crane) Accumulated in that Period:



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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)		
☐ English ☐ Other (please sp	pecify):		
D. Supervisor Declaration of Job Task Perl	• • • • • • • • • • • • • • • • • • • •		
By checking "Yes" or "No" in the Declaration Response column, personally witnessed the applicant performing the job tasks liste		licant, ha	ve
Job Tasks D1 – must check "Yes" to a minimum 25 o	of 35 job tasks in this section	Declar Respo	
SAFETY Comply with regulations, policies, and manufacturers'	manuals	Yes: No:	
Maintain a safe working environment		Yes: No:	
Follow emergency procedures		Yes: No:	
Be aware of power line hazards		Yes: No:	
Practice effective worksite communications		Yes: No:	
CRANE SYSTEMS AND COMPONENTS		Yes:	
Inspect carrier systems, outrigger systems, and turntal	ble assemblies	No:	
Inspect power plants and drive systems		Yes: No:	
Inspect pneumatic systems, hydraulic systems, and electrical systems		Yes: No:	
Inspect steering systems and braking systems		Yes: No:	
Enter the supervisor and applicant names (repeat on every page	e of this form)		
Supervisor First and Last Name:	Applicant First and Last Name:		



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Job Tasks D1 – must check "Yes" to a minimum 25 of 35 job tasks in this section			Declaration Response	
Inspect hoisting systems and attachments		Yes: No:		
Inspect safety components, devices, and aids		Yes: No:		
WIRE ROPE AND RIGGING		Yes:		
Use wire rope		No:		
Follow wire rope installation procedures		Yes: No:		
Inspect wire rope, slings, and rigging hardware		Yes: No:		
Use slings and rigging hardware		Yes: No:		
Use rigging techniques		Yes: No:		
Maintain and store wire rope, slings, and rigging hard	ware	Yes: No:		
CRANE OPERATIONS		Yes:		
Interpret operating manuals		No:		
Perform a pre-operational inspection		Yes: No:		
Perform a pre-operational setup		Yes: No:		
Demonstrate hoisting techniques		Yes: No:		
Leave a crane unattended according to proper procedures				
TRANSPORTING A CRANE		Yes:		
Follow commercial transport regulations				
Prepare a crane for travel		Yes: No:		
Prepare a crane for transport				
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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Job Tasks D1 – must check "Yes" to a minimum 2	25 of 35 job tasks in this section		ration onse
Assemble and disassemble a crane		Yes: No:	
CRANE MAINTENANCE	AINTENANCE		
Use tools for basic crane maintenance		No:	
Perform basic crane maintenance		Yes: No:	
SPECIALIZED OPERATIONS	CIALIZED OPERATIONS		
Operate a crane with a suspended work platform		No:	
Perform engineered lifts		Yes: No:	
Perform heavy lifts		Yes: No:	
Perform dragline and clamshell operations		Yes: No:	
Perform foundation and shoring operations		Yes: No:	
Perform multiple crane lifts		Yes: No:	
Lift an object into or out of water		Yes: No:	
Job Tasks D2 – must check "Yes" to all job tasks in this section			ration
IFT PLANNING Follow site assessment procedures		Yes: No:	
Determine load weights		Yes: No:	
Determine crane lifting capacity		Yes: No:	
Determine rigging requirements		Yes: No:	
nter the supervisor and applicant names (repeat on every	page of this form)		
upervisor First and Last Name:	Applicant First and Last Name:		



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Job Tasks D2 – must check "Yes" to all job tasks in this section				
Conduct a site assessment				
Use a crane capacity chart		<u> </u>		
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Job Tasks D3 – must check "Yes" to a minimum of 2 of 6 job tasks in this section				
TELESCOPING BOOM CRANE OPERATIONS		Yes: [
Perform hoisting techniques for a telescoping boom crane				
Operate a telescoping boom crane, over 20 tonnes, with a slewing upper structure				
LATTICE BOOM HYDRAULIC CRANE OPERATIONS				
Perform hoisting techniques for a lattice boom hydraulic crane				
Operate a lattice boom hydraulic crane				
LATTICE BOOM FRICTION CRANE OPERATIONS		Yes: [
Perform hoisting techniques for a lattice boom friction crane				
Operate a lattice boom friction crane				
E. Supervisor Signature I certify that the information I, as the current or former direct supervisor of the applicant, have provided is accurate. (Note: and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Privacy Act.) Supervisor name (Please Print): Supervisor Signature: Date Signed: (MM/				
Enter the supervisor and applicant names (repeat on every page of this form) Supervisor First and Last Name: Applicant First and Last Name:				