



**MOBILE CRANE OPERATOR
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

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 D1 – must check “Yes” to a minimum 25 of 35 job tasks in this section	Declaration Response
SAFETY	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"/>
CRANE SYSTEMS AND COMPONENTS	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Inspect carrier systems, outrigger systems, and turntable assemblies	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Enter the applicant name (repeat on every page of this form)

Legal First Name:	Legal Middle Name(s):	Legal 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 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"/>
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"/>
WIRE ROPE AND RIGGING	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"/>
CRANE OPERATIONS	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"/>

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Job Tasks D1 – must check “Yes” to a minimum 25 of 35 job tasks in this section	Declaration Response
TRANSPORTING A CRANE	Yes: <input type="checkbox"/>
Follow commercial transport regulations	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"/>
Assemble and disassemble a crane	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
CRANE MAINTENANCE	Yes: <input type="checkbox"/>
Use tools for basic crane maintenance	No: <input type="checkbox"/>
Perform basic crane maintenance	Yes: <input type="checkbox"/>
	No: <input type="checkbox"/>
SPECIALIZED OPERATIONS	Yes: <input type="checkbox"/>
Operate a crane with a suspended work platform	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"/>

Job Tasks D2 – must check “Yes” to all job tasks in this section	Declaration Response
LIFT PLANNING	Yes: <input type="checkbox"/>
Follow site assessment procedures	No: <input type="checkbox"/>

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Job Tasks D2 – must check “Yes” to all job tasks in this section	Declaration Response
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"/>
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"/>

Job Tasks D3 – must check “Yes” to a minimum of 2 of 6 job tasks in this section	Declaration Response
TELESCOPING BOOM CRANE OPERATIONS	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"/>
LATTICE BOOM HYDRAULIC CRANE OPERATIONS	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"/>
LATTICE BOOM FRICTION CRANE OPERATIONS	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. 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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