



TOWER 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

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 the job tasks listed as per Section D, and
- worked a minimum of **3,000 documented crane-related hours** of which:
 - minimum **500 hours** are documented **rigging time**, and
 - minimum **500 hours** are tower crane equipment with a minimum mast height of 90 ft **operating time**.

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 2 Standardized Written Examination and the Tower Crane Operator Interprovincial Red Seal Examination. Once all three written examinations are passed, you will be required to pass the ITA Standardized Practical Assessment.

A. Applicant Name

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

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): From: _____ To: _____	Total Number Hours of Crane-Related Experience Accumulated in that Period:
Total Number Hours of Rigging Hours Accumulated in that Period:	Total Number Hours of Tower Crane Operating Time (on-crane seat time) Accumulated in that Period:
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 D1 – must check “Yes” to a minimum 19 of 26 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"/>
Inspect power plants and drive systems	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks D1 – must check “Yes” to a minimum 19 of 26 job tasks in this section	Declaration Response
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 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 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"/>
TRANSPORTING A CRANE 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"/>

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Job Tasks D1 – must check “Yes” to a minimum 19 of 26 job tasks in this section	Declaration Response
Prepare a crane for transport	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CRANE MAINTENANCE 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"/>

Job Tasks D2 – must check “Yes” to a minimum 3 of 5 job tasks in this section	Declaration Response
LIFT PLANNING - GENERAL Determine load weights	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LIFT PLANNING – HAMMERHEAD TOWER CRANE Conduct a site assessment for a hammerhead tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use a crane capacity chart for a hammerhead tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LIFT PLANNING – LUFFING TOWER CRANE Conduct a site assessment for a luffing tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Use a crane capacity chart for a luffing tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Job Tasks E3 – must check “Yes” to a minimum 6 of 12 job tasks in this section	Declaration Response
HAMMERHEAD TOWER CRANE OPERATIONS Interpret operating manuals for a hammerhead tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform a pre-operational inspection for a hammerhead tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform a pre-operational setup for a hammerhead tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform hoisting techniques for a hammerhead tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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Job Tasks E3 – must check “Yes” to a minimum 6 of 12 job tasks in this section	Declaration Response
Operate a hammerhead tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Leave a hammerhead tower crane unattended	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
LUFFING TOWER CRANE OPERATIONS Interpret operating manuals for a luffing tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform a pre-operational inspection for a luffing tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform a pre-operational setup for a luffing tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Perform hoisting techniques for a luffing tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Operate a luffing tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Leave a luffing tower crane unattended	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Job Tasks E4 – must check “Yes” to a minimum 1 of 5 job tasks in this section	Declaration Response
SPECIALIZED OPERATIONS 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 multiple crane lifts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CLIMBING CRANES Follow assembly and raising procedures for a bottom climbing tower crane	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Follow assembly and raising procedures for a top climbing tower crane	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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