



# CRANE OPERATOR REGISTRATION

Telephone: 604-525-1227

E-mail: [info@bcacs.ca](mailto:info@bcacs.ca)

Web: [www.bcacs.ca](http://www.bcacs.ca)

RETURN FORM via e-mail, mail or fax.

Fax: 604-525-1261

If e-mailing, subject line should read: CRANE OPERATOR REGISTRATION

Mail: BCACS, PO Box 234 – 720 - 6<sup>th</sup> Street, New Westminster, BC V3L 3C5

Questions? E-mail BCACS Executive Director, Fraser Cocks at [fraser@bcacs.ca](mailto:fraser@bcacs.ca)

**Please complete and return this form as soon as possible.**

**Please send your completed form by e-mail, fax, or regular mail, using the information above.**

## REGISTRATION FOR CRANE OPERATOR ASSESSMENT / DOCUMENTED PROOF OF COMPETENCE

The BC Association for Crane Safety needs the information to help crane operators meet new regulations announced January 12, 2007. As a crane operator in British Columbia, you must meet certification requirements by July 1, 2008. Registration is the first step and **must be returned to BCACS by July 1, 2007**. It will capture how many crane operators need to be assessed, where, and under what conditions, so that BCACS can ensure an adequate assessment system and minimize hurdles for you. The new WorkSafeBC regulation applies to all operators of boom trucks, mobile cranes, tower cranes and self-erecting tower cranes.

**A. APPLICANT** (Please print clearly in the boxes below)      **REGISTRATION #** (For Office Use Only): \_\_\_\_\_

SURNAME:		GIVEN NAME:	MIDDLE INITIAL:
MAILING ADDRESS:			
CITY/TOWN:	PROVINCE:	POSTAL CODE:	
RESIDENTIAL TELEPHONE:	CELL TELEPHONE:	SECONDARY TELEPHONE:	
E-MAIL ADDRESS:			FAX NUMBER
SIGNATURE:			

### B. DEMOGRAPHICS

This **DEMOGRAPHIC INFORMATION** will greatly help the BC Association for Crane Safety in planning for the future. No names will be attached to the data collected. BCACS is only interested in an overview of the workforce for planning purposes. By signing, you are giving authority to use the information for purpose of labour market research. Please include answers to these questions.

Signature: \_\_\_\_\_ I accept  I decline

**AGE**  under 20    20-25    25-30    30-35    35-40    40-45    45-50    50-55    55-60    60-65  
 over 65   **RETIRED**  Yes    No

**Do you anticipate leaving the industry (change of career, retirement, etc) in the future?**  
 Yes    No

**GENDER:**    Male    Female

If yes, When    1-2 years    3-5 years    6-10 years  
 11-15 years    more than 15 years

**C. EMPLOYER and WORKSITE Information**

Are you an owner / operator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employer COMPANY Name:</b>	
Employer Address:	
<b>Employer CONTACT Name:</b>	Position:
Employer Contact Phone Number:	Employer Email:

**D. TRAINING Background**

<b>Are you enrolled in apprenticeship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <b>If yes, what year have you completed?</b> _____	<b>Have you completed an apprenticeship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No _____
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**Which BC Trade Qualification (TQ) do you have? Trade: (specify) \_\_\_\_\_**  
**Trade Qualification Certificate # \_\_\_\_\_**

<input type="checkbox"/> Construction Industry Mobile Crane Operator	Hours documented: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours: _____
<input type="checkbox"/> Construction Industry Hydraulic Crane Operator	TQ # _____	Date Issued _____
<input type="checkbox"/> Boom Truck Class A Operator	TQ # _____	Date Issued _____
<input type="checkbox"/> Boom Truck Class B Operator	TQ # _____	Date Issued _____
<input type="checkbox"/> Tower Crane Operator	TQ # _____	Date Issued _____

**Interprovincial Qualification**  
 Yes  No **Red Seal Mobile Crane Operator # \_\_\_\_\_** Date Issued \_\_\_\_\_ Province: \_\_\_\_\_

**Other qualifications or training received: (please specify)**

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**E. EXPERIENCE PROFILE**

Please indicate below your experience with various types of cranes. In column 1, tick ALL the responses below that apply to you. In column #2, tick the ONE response that applies to you.

		1 HAVE OPERATED (check ALL that apply)	2 NORMALLY OPERATE
<b>Tower Crane</b>	Self-Erect Crane	<input type="checkbox"/>	<input type="checkbox"/>
	Tower Crane	<input type="checkbox"/>	<input type="checkbox"/>
<b>Truck Crane</b>	Folding Boom under 22 ton	<input type="checkbox"/>	<input type="checkbox"/>
	Folding Boom Unlimited	<input type="checkbox"/>	<input type="checkbox"/>
	Stiff Boom under 40 ton	<input type="checkbox"/>	<input type="checkbox"/>
	Stiff Boom Unlimited	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mobile Crane</b>	Mobile Crane Hydraulic under 80 ton	<input type="checkbox"/>	<input type="checkbox"/>
	Mobile Crane Hydraulic Unlimited	<input type="checkbox"/>	<input type="checkbox"/>
	Mobile Crane Hydraulic Lattice Boom	<input type="checkbox"/>	<input type="checkbox"/>
	Mobile Crane Friction Lattice Boom	<input type="checkbox"/>	<input type="checkbox"/>

**Currently operating a** \_\_\_\_\_ ton; type \_\_\_\_\_ crane  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

What is your yearly average number of hours worked over the last five (5) years? \_\_\_\_\_

What year did you start operating a crane? \_\_\_\_\_

**Please list the four (4) main cranes that you have operated.**

**Experience:**

Type of Crane: \_\_\_\_\_ Approximate Hours: \_\_\_\_\_ Years: \_\_\_\_\_

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Type of Crane: \_\_\_\_\_ Approximate Hours: \_\_\_\_\_ Years: \_\_\_\_\_

Type of Crane: \_\_\_\_\_ Approximate Hours: \_\_\_\_\_ Years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. EXPERIENCE PROFILE (cont)**

<p><b>INDUSTRY SECTOR in which you are working as a crane operator:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Marine Construction</li> <li><input type="checkbox"/> Industrial Construction</li> <li><input type="checkbox"/> Institutional Construction</li> <li><input type="checkbox"/> Commercial Construction</li> <li><input type="checkbox"/> Residential Construction</li> <li><input type="checkbox"/> Manufacturing</li> <li><input type="checkbox"/> Transportation and Warehousing</li> <li><input type="checkbox"/> Building Materials Delivery</li> <li><input type="checkbox"/> Logging</li> <li><input type="checkbox"/> Log Home Building / Timber Frame</li> <li><input type="checkbox"/> Crane Rental</li> <li><input type="checkbox"/> Motion Picture Industry</li> <li><input type="checkbox"/> Utilities</li> <li><input type="checkbox"/> Heavy Industry (oil and gas? mining and smelting? pulp and paper? solid wood? other?) (specify sector)</li> <li>_____</li> <li><input type="checkbox"/> Other—please specify:</li> <li>_____</li> </ul>	<p><b>Check the ONE category below that BEST describes your employment situation over the last year:</b></p> <p>In the last year (2006-07), I have been:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employed as <b>full-time</b> crane operator</li> <li><input type="checkbox"/> <b>Employed full-time but crane operation is integral yet not the full time aspect of my employment.</b></li> </ul> <p>If you checked this box, specify your occupation:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Construction</li> <li><input type="checkbox"/> Electrician</li> <li><input type="checkbox"/> Millwright</li> <li><input type="checkbox"/> Log home builder</li> <li><input type="checkbox"/> Supervisory / Management position</li> <li><input type="checkbox"/> Other—please specify:</li> <li><input type="checkbox"/> _____</li> </ul>

**PROTECTION OF PRIVACY:** *The personal information requested in this form is being collected for the strict purpose of enabling the British Columbia Association for Crane Safety to administer the assessment system needed for certifying the competency of all BC crane operators in the knowledge and demonstration of safe practices. Information derived from labour market research questions answered by the applicant will be released only in aggregate form and will not be sold. With all data, the provisions of the Freedom of Information and Protection of Privacy Act will be observed.*