



LEVEL B APPLICATION for RENEWAL

Provisional CraneSafe Certificate



This Application for Renewal applies to any Apprentice or Trainee Crane Operator who currently holds a Level B Certificate.

APPRENTICES

Operators who are **registered with the ITA as an apprentice** may renew their Level B certification for a period of 12 months a total of three times.

NOTES for Apprentices & Trainees

1. The renewal is valid for the **same crane type** as the original certificate.
2. All **operational restrictions** continue to apply to the renewed Level B certification.

TRAINEES

Operators who are **not** apprentices may renew their Level B certification for a period of 12 months (one time only).

Additionally, operators must also submit their completed **Level A application** with this form (if they haven't already).

- Once this Renewal is approved and a new Level B card is issued, the operator will be offered four Level A assessment appointments within the next 6-12 months.
- No refunds are available for operators who decline all four Level A assessment appointments that are offered.

PRIVACY NOTE

BC Crane Safety is subject to the Personal Information Protection Act, SBC 2003, C23 ("PIPA").

Fulford Certification is subject to the Personal Information Protection Act, SBC 2003, C23 ("PIPA"). We will not share personal information including the photo with any party except WorkSafeBC or its designates, the employer and the crane operator. For more details, see our Privacy Policy at www.fulford.ca.

OPERATOR INFORMATION

Apprentice Yes No

If yes, ITA Trade Worker Identification Number

If no, please attach a completed Level A Application Form available at www.fulford.ca and indicate the reason for requesting this renewal:

First Name Middle Initial Last Name

Address Suite

City Province Postal Code

Phone Cell Phone

Email * Date of Birth / /
d d / mm / y y

* Required

BCCS Operator Registration Number

Date of Issue of original Level B certificate / /
d d / mm / y y

EMPLOYER INFORMATION

Company Name

Address Suite

City Province Postal Code

Contact Name Email

Phone Cell Phone Fax

WorkSafeBC Account Number

PAYMENT INFORMATION

<p>Application Fee NOTE: Payment is due at the time of application. \$190.00 plus \$9.50 GST Total Fee: \$199.50</p>		<p>Type of Payment (check one) Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/></p>	
<p>Please indicate if the certificate should be mailed to the <input type="checkbox"/> Operator <input type="checkbox"/> Employer</p>		<p>Receipt Please indicate the email address where the receipt for this application is to be sent:</p> <p style="text-align: right;">Email Address</p>	
<p>Cheques</p> <ul style="list-style-type: none"> Personal and business cheques are accepted. Make cheques payable to Fulford Certification For all cheques that are not honoured there is a service fee of \$50. 			
<p>Credit Card Information</p> <p>Type (check one) Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/></p> <p>Card Number <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> Expiry Date <input type="text"/> / <input type="text"/> CVV# <input type="text"/> <small>Visa & MC: 16 digits; Amex: 15 digits mm yy Security Number</small></p> <p>Name on Card <input type="text"/> <small>Visa & MC: 3 digit number on back of card Amex: 4 digit number on front of card</small></p> <p>Signature _____</p> <p>Billing Address Same as Employer Information YES <input type="checkbox"/> NO <input type="checkbox"/> (if NO please fill out below)</p> <p>Name <input type="text"/> Phone: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Address <input type="text"/> Apt/Suite <input type="text"/></p> <p>City <input type="text"/> Province <input type="text"/> Postal Code <input type="text"/></p>			

AGREEMENT

Apprentice/Trainee Crane Operator

I have read and understood all the conditions in this application for renewal and I agree to operate only the crane indicated on the original application under the supervision of a qualified supervisor.

Employer

I have read and understood all the conditions in this application for renewal and I agree that the apprentice/trainee crane operator will be adequately supervised during all crane operations.

 Apprentice / Trainee Crane Operator Signature

 Employer: First Name Last Name

 Date

 Employer Signature

 Date

Please mail this form (and cheque if applicable) to:
Fulford Certification, #508 – 602 West Hastings Street, Vancouver, BC, V6B 1P2
 For payment by credit card, applications can be emailed to info@fulford.ca or faxed to 604.398.5236.
 For all queries, please contact our main office toll free at 1.888.952.6033 or in the Lower Mainland at 604.398.5230.
 Level B CraneSafe Certification is administered on behalf of BC Crane Safety by Fulford Certification.

For BCCS office use only

Renewal Period: 6 months 12 months

Approved by: _____
Name Signature Date