

This Application for Renewal applies to any crane operator who currently holds a Level B certificate.

APPRENTICES

Those 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.

TRAINEES

Those operators who are not apprentices may renew their Level B certification for a period of 6 months one time only.

Additionally, operators must also submit their completed Level A application with this form.

NOTES

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.

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	<input type="text"/>	Middle Initial	<input type="checkbox"/>	Last Name	<input type="text"/>	
Address	<input type="text"/>				Suite	<input type="text"/>
City	<input type="text"/>	Province	<input type="text"/>	Postal Code	<input type="text"/>	
Phone	<input type="text"/>	Cell Phone	<input type="text"/>			
Email *	<input type="text"/>			Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	
					d d / mm / y y	
BCACS Operator Registration Number	<input type="text"/>					
Date of Issue of original Level B certificate	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
	dd		mm		yy	

EMPLOYER INFORMATION

Company Name	<input type="text"/>					
Address	<input type="text"/>				Suite	<input type="text"/>
City	<input type="text"/>	Province	<input type="text"/>	Postal Code	<input type="text"/>	
Contact Name	<input type="text"/>			Email	<input type="text"/>	
Phone	<input type="text"/>	Cell Phone	<input type="text"/>	Fax	<input type="text"/>	
WorkSafeBC Account Number	<input type="text"/>					

