

– APPRENTICE CRANE OPERATORS –

This Application for Renewal applies only to Apprentice Crane Operators who currently hold a Level B certificate.

– Apprentice Crane Operators are registered as Apprentices with ITA BC. –

APPRENTICES

1. This Renewal form is for operators who are currently registered as an Apprentice with ITA BC.
2. Apprentice crane operators may renew their Level B certification for a period of 12 months a total of three times.

TRAINEES

- Please use the Renewal form for Trainees.

Note: Trainees are crane operators who are NOT registered with the ITA as an apprentice.

NOTE

- The renewal is valid for the **same crane type** as the original certificate.
- 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

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	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"/>	<input type="text"/>	<input type="text"/>	Cell Phone	<input type="text"/>
Email *	<input type="text"/>			Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
	* Required				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"/>
ITA Trade Worker Identification Number	<input type="text"/>				

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"/>	<input type="text"/>	<input type="text"/>	Cell Phone	<input type="text"/>
					Fax <input type="text"/>
WorkSafeBC Account Number	<input type="text"/>				

