

The Application for Renewal applies only to **Trainee Crane Operators** who currently hold a Level B certificate.

Fulford Crane Certificates

This Application for Renewal is for Crane Operators who are applying for certification for the following crane types only:

- Mobile Hydraulic - 20 Tonnes & Under
- Stiff Boom Truck - 40 Tonnes & Under
- Stiff Boom Truck - 20 Tonnes & Under
- Self Erect Tower Crane
- Folding Boom Truck - 22 Tonnes & Under
- Folding Boom Truck - 10 Tonnes & Under

1. Trainee crane operators may renew their Level B certification for a period of 12 months **one time only**.
2. Operators must also submit their completed **Level A application** with this form.

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.

CRANE INFORMATION

Select the crane type that this application applies to. Choose only one.
(For any other crane type, use the Level B Application for Renewal Form for ITA Trade Qualifications.)

Mobile Hydraulic Crane - 20 Tonnes & Under	Self Erect Tower Crane
Stiff Boom Truck - 40 Tonnes & Under	Folding Boom Truck - 22 Tonnes & Under
Stiff Boom Truck - 20 Tonnes & Under	Folding Boom Truck - 10 Tonnes & Under

Note: For these crane types, Level A Certification is available only by Challenge.

Crane Make

Crane Model

OPERATOR INFORMATION

First Name Middle Initial Last Name

Address Suite

City Province Postal Code

Phone Cell Phone

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

BC Crane Safety Operator Identification Number

Date of Issue of previous Level B certificate / / Level B Certificate Number

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 \$190 plus \$9.50 GST Total Fee: \$199.50</p>	<p>NOTE: Payment is due at the time of application.</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"/></p> <p style="font-size: small;">Visa & MC: 16 digits; Amex: 15 digits mm yy Security Number</p> <p>Name on Card <input style="width: 100%;" type="text"/> Visa & MC: 3 digit number on back of card Amex: 4 digit number on front of card</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 style="width: 100%;" type="text"/> Phone: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Address <input style="width: 100%;" type="text"/> Apt/Suite <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/> Province <input type="text"/> Postal Code <input style="width: 100%;" type="text"/></p>		

AGREEMENT

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 page one (according to the crane type hierarchy) under the supervision of a qualified supervisor.

Trainee Crane Operator Signature

Date

Employer

I have read and understood all the conditions in this application for renewal and I agree that there is a Plan for Supervision in place and that the trainee crane operator will be adequately supervised while operating the crane type indicated on page one (according to the crane type hierarchy).

Employer: First Name Last Name

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 BC Crane Safety office use only

Renewal Period: 12 months Other _____

Approved by: _____

Name Signature Date