

## CraneSafe Certification OPERATOR SUBSTITUTION FORM

Use this form to substitute a new crane operator for an application already submitted and paid in full.

**PRIVACY NOTE:**

Fulford Harbour Group 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](http://www.fulford.ca).

### EMPLOYER INFORMATION

Company Name   
Address  Apt/Suite   
City  Province  Postal Code

### OPERATOR INFORMATION

**Level of Certification**  **A** Full Scope Crane Operation  **B** Trainees & Apprentices  **D** Not Full Scope Crane Operation

#### Original Crane Operator

First Name  Middle Initials  Last Name   
Invoice / Receipt #  Date of Invoice / Receipt

#### Replacement Crane Operator

First Name  Middle Initials  Last Name   
Address  Apt/Suite   
City  Province  Postal Code   
Phone    Cell Phone    Fax     
Email  Date of Birth   
Registered with BCACS? YES  NO  BCACS Registration # (If known)   
*See the BCACS Notice of Assessment.*

### AGREEMENT

By signing here you are acknowledging that the original Crane Operator's file will be closed and that a new application will be required if the company wished to re-open the original operator's file at a future date. All conditions set out in the Application Form apply to the new crane operator.

Contact Name  Title   
Phone    Cell Phone    Fax     
Email

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please mail this form to Fulford CraneSafe, # 508 – 602 West Hastings Street, Vancouver, BC, V6B 1P2.  
Or fax toll free to 1.855.206.2970 or email to [info@fulford.ca](mailto:info@fulford.ca).  
For all queries, please contact our main office toll free at 1.888.952.6033 or in the Lower Mainland at 604.398.5230.