

Level A Full Scope CraneSafe Certificate of Competence EMPLOYER ASSESSMENT APPLICATION

*Employers: Please use this application form to book appointments for your employee(s).
Operators: Please use the Operator Assessment Application form to be assessed for your CraneSafe Certificate.*

IMPORTANT NOTICE:

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| <ol style="list-style-type: none"> 1. If an operator holds a provincial or federal crane certification, the CraneSafe Certification may be optional. Please contact our office to clarify. 2. A separate assessment must be booked for each operator for each class of crane being assessed. See www.fulford.ca for more details on crane classification. 3. Cranes used to assess operators must have up-to-date certification and the Load Chart and Log Book must be available or the assessment will not take place. 4. Space must be available to write the Load Chart & Rigging assessment. The person being assessed must have privacy. 5. Outrigger pads must be available for crane set up. The floats provided with the cranes are not sufficient. | <ol style="list-style-type: none"> 6. Adequate yard space must be available for crane set up and to perform the operating components of the assessment. 7. No power lines may be in the operating area. 8. Outside of BC, this certificate is renewable every five years. 9. The assessor will take a photograph of each operator at the time of assessment. The photo will be used for the crane operator's photo id certification card. <i>No hats or sunglasses.</i> 10. Please inform your crane operator(s) well ahead of time that they are going to be assessed and provide them with the assessment orientation and load chart practice questions available at www.fulford.ca/cs_pex.html. | <ol style="list-style-type: none"> 11. In the case that an operator is not found competent in one or more sections of the assessment, they may apply to be reassessed in that section. Operators may be reassessed up to two times before having to recommence the certification process. Reassessment fees are applicable. Study resources are available online at www.fulford.ca/links.html. |
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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.

EMPLOYER INFORMATION

This address and phone information will be used for each of the employees listed on this form. All certificates will be sent to the employer.

Company Name										
Address					Suite					
City				Province		Postal Code				
Contact Name				Title						
Phone				Cell Phone			Fax			
Email										

ASSESSMENT DETAILS

Is a safety orientation required for our Assessor to be on your site? **YES** **NO** (check one)
If yes, please provide information about those requirements prior to the assessment date.

Assessment Location

Address and/or Directions						
Phone:						

Contact for Access to Assessment Site

Name		Phone:			
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Type of Crane to be Used for Re-Assessment

- Indicate the class of crane you are applying to be assessed on – choose only **one**. Upon successful completion of the assessment, this is the Certificate you will receive.
- Please provide complete crane information as the load chart portion of the assessment will be matched as closely as possible to the crane you operate.
- All weights metric.

◆ Operators applying for these crane types must be registered with the ITA prior to applying for an assessment appointment. See links below.

Mobile Crane	Qualified to Operate	Notes
Mobile Crane ◆ †	All Mobile Cranes (including Lattice Friction and Hydraulic Friction Boom). All Boom Trucks.	www.itabc.ca/program/mobile-crane-operator
Hydraulic – 80 Tonnes & Under ◆	Mobile Hydraulic – 80 Tonnes & Under All Boom Trucks	www.itabc.ca/Page861.aspx
Hydraulic – 20 Tonnes & Under	Mobile Hydraulic – 20 Tonnes & Under	

† Mobile Crane operators must have a minimum of 5,400 hours of crane-related work experience; 1,600 of these must be crane operating time (documented in a log book).

Boom Trucks	Qualified to Operate	Notes
Stiff Boom – Unlimited Tonnage ◆	All Boom Trucks	www.itabc.ca/Page860.aspx
Stiff Boom – 40 Tonnes & Under	Stiff Boom – 40 Tonnes & Under All Folding Boom Trucks	
Stiff Boom – 20 Tonnes & Under	Stiff Boom – 20 Tonnes & Under	
Folding Boom – Unlimited Tonnage ◆	All Folding Boom Trucks	www.itabc.ca/Page660.aspx
Folding Boom – 22 Tonnes & Under	Folding Boom – 22 Tonnes & Under	
Folding Boom – 10 Tonnes & Under	Folding Boom – 10 Tonnes & Under	

Tower Cranes	Qualified to Operate	Notes
Tower Crane ◆ ‡	Tower Cranes and Self Erect Tower Cranes	www.itabc.ca/Page865.aspx
Self Erect Tower Crane	Self Erect Tower Cranes	

‡ Tower crane operators must have a minimum of 1,024 hours of documented experience (log book). 500 of these must be rigging time.

OPERATOR INFORMATION

Please include the full name of each operator as well as their contact information and type of crane (see list above), make and model.

First Name Middle Initials Last Name

Address Apt/Suite

City Province Postal Code

Phone Cell Phone Date of Birth

Email

Do you have a BCACS Registration #? YES NO If known, BCACS Registration #

Registration # is found on the BCACS Notice of Assessment.

Type of Crane †

† If this is an ITA linked credential, the operator's ITA transcript must be submitted to Fulford before the assessment is scheduled.

Make Model

Other Crane Certification held (if any)

First Name Middle Initials Last Name
Address Apt/Suite
City Province Postal Code
Phone Cell Phone Date of Birth
Email
Do you have a BCACS Registration #? YES NO If known, BCACS Registration #
Registration # is found on the BCACS Notice of Assessment.

Type of Crane †
† If this is an ITA linked credential, the operator's ITA transcript must be submitted to Fulford before the assessment is scheduled.
Make Model
Other Crane Certification held (if any)

First Name Middle Initials Last Name
Address Apt/Suite
City Province Postal Code
Phone Cell Phone Date of Birth
Email
Do you have a BCACS Registration #? YES NO If known, BCACS Registration #
Registration # is found on the BCACS Notice of Assessment.

Type of Crane †
† If this is an ITA linked credential, the operator's ITA transcript must be submitted to Fulford before the assessment is scheduled.
Make Model
Other Crane Certification held (if any)

First Name Middle Initials Last Name
Address Apt/Suite
City Province Postal Code
Phone Cell Phone Date of Birth
Email
Do you have a BCACS Registration #? YES NO If known, BCACS Registration #
Registration # is found on the BCACS Notice of Assessment.

Type of Crane †
† If this is an ITA linked credential, the operator's ITA transcript must be submitted to Fulford before the assessment is scheduled.
Make Model
Other Crane Certification held (if any)

PAYMENT INFORMATION

Note: If operators are paying for their own assessments, they should complete the **Individual Assessment Application** available at www.fulford.ca or from our office 604.398.5230.

Assessment Fee NOTE - Payment must be received before the assessments are scheduled.
 Assessment fee is **\$918.75** (including 5% GST per operator).
 Payment is due at the time of application.
 Payment Amount \$, .

Type of Payment (check one): Cheque
 Credit Card

In a Hurry for your Assessment?
 Contact us to expedite your appointment: toll free at 1.888.952.6033 or in the Lower Mainland 604.398.5230 or email sanja@fulford.ca

Mail certificate to: Operator
 Employer

Receipt
 Please indicate the email address where the receipt for this application is to be sent:

 Email Address

Cheques

- 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.

Credit Card Information

Type (check one) Visa MasterCard American Express

Card Number - - - Expiry Date / CVV#
Visa & MC: 16 digits; Amex: 15 digits mm yy Security Number
 Visa & MC: 3 digit number on back of card
 Amex: 4 digit number on front of card

Name on Card

Signature _____

Billing Address Same as Personal Information **YES** **NO** (if different please fill out below)

Name Phone:

Address Apt/Suite

City Province Postal Code

REFUND POLICY

If you are unable to attend your appointment, please contact the office beforehand. Cancellation and rescheduling fees will apply (see below). If you do not contact the office prior to the appointment (“No show”) your application fee will be forfeited.

<i>Fees are per Operator per Assessment</i>	Over 15 Days before Appointment	8–15 Days before Appointment	2–7 Days before Appointment	48 Hours or Less before Appointment
Cancellation Fees (per assessment)	\$100.00	\$275.00	\$500.00	\$875.00
Rescheduling Fees (per assessment)	n/a	\$200.00	\$425.00	\$875.00

EMPLOYER AGREEMENT

By signing here you are consenting to have the results of the assessments shared with WorkSafeBC and its designates and each Operator. Please review our refund policy carefully and by your signature you are agreeing to it.

Signature _____ Date _____

Mail this form (and cheque, if applicable) to Fulford CraneSafe, # 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.