

Level A Full Scope CraneSafe Certificate of Competence EMPLOYER RE-ASSESSMENT APPLICATION

*Employers: Please use this application form to book re-assessment appointments for your employee(s).
Operators: Please use the Operator Re-Assessment Application form to be re-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 re-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 re-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	<input style="width: 95%;" type="text"/>		
Address	<input style="width: 50%;" type="text"/>	Apt/Suite	<input style="width: 20%;" type="text"/>
City	<input style="width: 30%;" type="text"/>	Province	<input style="width: 10%;" type="text"/>
		Postal Code	<input style="width: 20%;" type="text"/>
Contact Name	<input style="width: 40%;" type="text"/>	Title	<input style="width: 40%;" type="text"/>
Phone	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>
	Cell Phone	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>
		Fax	<input style="width: 10%;" type="text"/>
			<input style="width: 10%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>		

RE-ASSESSMENT DETAILS

Re-Assessment Location

Address and/or Directions

Phone:

Contact for Access to Assessment Site

Name Phone:

For **On-Crane and Full** Re-Assessments only:
Is a safety orientation required for our Assessor to be on your site? YES NO
If yes, please provide information about those requirements prior to the assessment date.

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, the component to be re-assessed, type of crane (see list above), make and model.

First Name	<input type="text"/>	Middle Initials	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>			Apt/Suite	<input type="text"/>
City	<input type="text"/>		Province	<input type="text"/>	Postal Code
Phone	<input type="text"/>	<input type="text"/>	Cell Phone	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>				
Do you have a BCACS Registration #?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If known, BCACS Registration #	<input type="text"/>	
Component to be Re-Assessed			<i>Registration # is found on the BCACS Notice of Assessment.</i>		
Load Chart & Rigging	<input type="checkbox"/>	On Crane Practical Component	<input type="checkbox"/>	Full Re-Assessment	<input type="checkbox"/>
Type of Crane	<input type="text"/>				
Make	<input type="text"/>	Model	<input type="text"/>		
Other Crane Certification held (if any)	<input type="text"/>				

First Name Middle Initials Last Name

Address Apt/Suite

City Province Postal Code

Phone Cell Phone

Email

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

Component to be Re-Assessed *Registration # is found on the BCACS Notice of Assessment.*

Load Chart & Rigging On Crane Practical Component Full Re-Assessment

Type of Crane

Make Model

Other Crane Certification held (if any)

First Name Middle Initials Last Name

Address Apt/Suite

City Province Postal Code

Phone Cell Phone

Email

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

Component to be Re-Assessed *Registration # is found on the BCACS Notice of Assessment.*

Load Chart & Rigging On Crane Practical Component Full Re-Assessment

Type of Crane

Make Model

Other Crane Certification held (if any)

First Name Middle Initials Last Name

Address Apt/Suite

City Province Postal Code

Phone Cell Phone

Email

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

Component to be Re-Assessed *Registration # is found on the BCACS Notice of Assessment.*

Load Chart & Rigging On Crane Practical Component Full Re-Assessment

Type of Crane

Make Model

Other Crane Certification held (if any)

