

Level A Full Scope CraneSafe Certificate of Competence INDIVIDUAL ASSESSMENT APPLICATION

Operators: Please fill out this application to be assessed for your CraneSafe Certificate.

Employers: Please use the Employer Assessment Application form to book appointments for your employee(s).

IMPORTANT NOTICE:

1. If you hold 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 class of crane being assessed. See www.fulford.ca for more details on crane classification.
3. The crane you will be assessed on 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.
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. Your CraneSafe certification is valid for life. However, your ID card should be renewed every 5 years to comply with international standards.
9. The assessor will take your photograph at the time of assessment. The photo will be used for the crane operator's photo id certification card. *No hats or sunglasses.*
10. If you are not found competent in one or more sections of the assessment, you may apply to be re-assessed in that section. You may be re-assessed up to two times before having to recommence the certification process. Re-assessment fees are applicable.
11. Study resources are available online at www.fulford.ca/links.html.

PRIVACY NOTE:

Fulford Harbour Group (known as 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.

PERSONAL CONTACT INFORMATION

If you are applying and paying for your assessment, you may request that we do not notify your employer of your assessment results. To request your results not be shared with your employer by us, please check this box:

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	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cell Phone	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>			Date of Birth	<input type="text"/>
BCACS Registration No.* *required	<input type="text"/>			<p><i>Your BCACS Registration No. is found on the BCACS Notice of Assessment. If you do not know your BCACS Registration No. contact BC Crane Safety. If you have not registered with BC Crane Safety, go to www.bccranesafety.ca/register.</i></p>	

EMPLOYER INFORMATION

Company Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	Province	<input type="text"/>	Postal Code	<input type="text"/>
Contact Name	<input type="text"/>			Title	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cell Phone	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>				

ASSESSMENT DETAILS

Assessment Location

Address and/or Directions

Phone

Contact for Access to Assessment Site

Name

Phone

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 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 (make and model) as the load chart portion of the assessment will be matched as closely as possible to the crane you operate.
- All weights are metric.

Mobile Crane	Qualified to Operate
Mobile Crane ♦ †	All Mobile Cranes (including Friction Lattice and Hydraulic Lattice Boom). All Boom Trucks.
Hydraulic – 80 Tonnes & Under ♦	Mobile Hydraulic – 80 Tonnes & Under All Boom Trucks
Hydraulic – 20 Tonnes & Under	Mobile Hydraulic – 20 Tonnes & Under

Boom Trucks	Qualified to Operate
Stiff Boom – Unlimited Tonnage ♦	All Boom Trucks
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
Folding Boom – 22 Tonnes & Under	Folding Boom – 22 Tonnes & Under
Folding Boom – 10 Tonnes & Under	Folding Boom – 10 Tonnes & Under

♦ Operators applying for these crane types must be provide proof of **successful completion of their ITA test** prior to applying for an appointment for their practical assessment. www.itabc.ca

† Please consult the ITA BC for all details about current program requirements including the **minimum required number of hours of documented work experience** including on-crane and/or rigging hours. www.itabc.ca

Tower Cranes	Qualified to Operate
Tower Crane ♦ †	Tower Cranes and Self Erect Tower Cranes
Self Erect Tower Crane	Self Erect Tower Cranes

Crane Type Choose one type of crane from the above list.

Type of Crane

Make

Model

PAYMENT INFORMATION

Assessment Fee *NOTE - Payment must be received before your assessment is scheduled.*

Assessment fee is \$875 + \$43.75 (5% GST) = **\$918.75**
 Payment is due at the time of application.

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 info@fulford.ca

Mail certificate to:
 Operator
 Employer

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.

Receipt

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

_____ Email Address

Credit Card Information

Type (check one) Visa MasterCard American Express

Card Number - - -
Visa & MC: 16 digits; Amex: 15 digits

Expiry Date /
mm YY

CVV#
Security Number

Name on Card

Visa & MC: 3 digit number on back of card
 Amex: 4 digit number on front of 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 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	\$100.00	\$275.00	\$500.00	\$875.00

* Business Days

About Cancellations & Fees

We understand that unforeseen events occur. If you must cancel or reschedule your assessment please give us **as much notice as possible**. We will make every effort to fill your appointment slot with another client. In more remote locations or very short notice we will unfortunately have to apply our cancellation policy to cover our costs.

Note:

If you do not complete your assessment within 12 months of the date below, you will be charged an administration fee of \$250/year to keep your file open.

INDIVIDUAL AGREEMENT

I declare that all information supplied in this application is true. I understand and agree that failure to provide accurate and complete information and failure to comply with Fulford policies and procedures may result in my application being rejected or my certification being denied or revoked.

I understand that Fulford reserves the right to verify any information in the application or in connection to my certification.

By signing I am consenting to have the results of my assessment shared with WorkSafeBC and its designates and my employer (unless otherwise indicated in Personal Contact Information on page 1).

I agree to be bound by all Fulford policies and procedures as outlined in this application form (including the Refund Policy) and posted at www.fulford.ca.

I attest that I am physically and mentally capable of safely operating equipment on the day of the Practical Assessment.

I understand and agree that any personal injury and/or property damage resulting from or caused in any way by my participation in the Fulford Practical Assessment is not and shall not be the responsibility of Fulford.

I agree to notify Fulford immediately if any of my information as submitted in this form changes or if any other circumstances arise that affect my ability to be certified..

Operator 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 faxed to 604.398.5236 or emailed to 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.

DOWNLOAD this form then ① FILL OUT & PRINT/SAVE a copy for your records; OR PRINT a copy & FILL OUT by hand; AND ② E-MAIL to info@fulford.ca if paying by credit card; OR MAIL a copy if paying by cheque.