

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

## ITA BC Trade Qualification

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

- Mobile Crane
- Stiff Boom Truck - Unlimited Tonnage
- Tower Crane
- Mobile Hydraulic - 80 Tonnes & Under
- Folding Boom Truck - Unlimited Tonnage

### 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](http://www.fulford.ca).

### NOTE

- Apprentice and Trainee crane operators may renew their Level B certification for a period of 12 months a maximum of **three times** (for a total of 4 years of Level B certification).
- 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.
- No refunds are available for operators who decline all offered Level A Assessment appointments.

## 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 a Fulford Crane Certificate.)

<b>Mobile Crane</b>	<b>Stiff Boom Truck - Unlimited Tonnage</b>	<b>Tower Crane</b>
Mobile Crane	<b>Folding Boom Truck - Unlimited Tonnage</b>	
Friction Lattice Boom		
Hydraulic Lattice Boom		
Mobile Hydraulic – Unlimited Tonnage		
<b>Mobile Hydraulic Crane - 80 Tonnes &amp; Under</b>		

Crane Make

Crane Model

Note: For these crane types, ITA issues credentials which are available by apprenticeship or challenge.

## OPERATOR INFORMATION

First Name  Middle Initial  Last Name

Address  Suite

City  Province  Postal Code

Phone    Cell Phone

Email \*  Date of Birth  /  /

\* Required

BCACS Operator Registration Number

Date of Issue of original Level B certificate  /  /

## EMPLOYER INFORMATION

Company Name

Address  Suite

City  Province  Postal Code

Contact Name  Email

Phone    Cell Phone    Fax

WorkSafeBC Account Number

**PAYMENT INFORMATION**

<p><b>Application Fee</b> \$190 plus \$9.50 GST      <b>Total Fee: \$199.50</b></p>	<p>NOTE: Payment is due at the time of application.</p>	<p><b>Type of Payment</b> (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"/> <b>Operator</b> <input type="checkbox"/> <b>Employer</b></p>		<p><b>Receipt</b> 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><b>Cheques</b></p> <ul style="list-style-type: none"> <li>Personal and business cheques are accepted.</li> <li>Make cheques payable to <b>Fulford Certification</b></li> <li>For all cheques that are not honoured there is a service fee of \$50.</li> </ul>		
<p><b>Credit Card Information</b></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 &amp; MC: 16 digits; Amex: 15 digits      mm    yy      Security Number</p> <p>Name on Card <input style="width: 100%;" type="text"/>      Visa &amp; MC: 3 digit number on back of card Amex: 4 digit number on front of card</p> <p>Signature _____</p> <p><b>Billing Address</b>    Same as Employer Information <b>YES</b> <input type="checkbox"/>    <b>NO</b> <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/Apprentice 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/Apprentice Crane Operator Signature

\_\_\_\_\_  
Date

**Employer**

I have read and understood all the conditions in this application and I agree that there is a Plan for Supervision in place and that the apprentice/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: 1st     2nd     3rd     Other  \_\_\_\_\_

Approved by: \_\_\_\_\_

Name      Signature      Date