

Apprenticeship Manitoba

Trades Qualification Employer Declaration

Crane – Boom Truck Hoist Operator

This form is to be completed by the direct supervisor of the applicant.
Information provided in this form will be verified.

A. Applicant Name	Name of the individual declaring their employment experience
Full name:	

B. Work History Information	All information boxes must be completed.			
Organization / Employer name:				
From (yyyy/mm/dd):	To (yyyy/mm/dd):	Job Title:	Total Hours Worked:	
Type of Employment:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Other

C. Declaration of Job Tasks Performed 2006 POA	<input checked="" type="checkbox"/> Check the NO box if you did not personally witness the applicant performing the tasks in the group. <input checked="" type="checkbox"/> Check the "Yes" box if you personally witnessed the applicant performing the tasks at the level of a journeyperson. Strike out any individual tasks not witnessed. example	
A – BOOM TRUCK LIFT-PREPARATIONS AND INSPECTIONS Includes: Participates in off-site consultation re: technical specifications resources and other job requirements; Participates in on-site consultation re: technical specifications, resources and other job requirements; Selects boom truck equipment and attachments	<input type="checkbox"/> No	<input type="checkbox"/> Yes
B – BOOM TRUCK SET-UP AND OPERATIONS Includes: Performs engine diagnostics; Set up and operates stiff-boom (SB) boom truck; Set up and operate knuckle-boom (KB) boom truck	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C – BOOM TRUCK SPECIALTIES Includes: Diagnoses clutches and primary drive systems; Performs boom truck hoisting of specialty machinery and equipment (e.g. HVAC equipment, aircraft, automated teller machines (ATMs) transformers, etc.); Performs boom truck hoist of structural members and other building components; Operates digger-derrick boom trucks; Performs multi-crane lifts using boom trucks	<input type="checkbox"/> No	<input type="checkbox"/> Yes
D – BOOM TRUCK TRANSPORT AND HAULING Includes: Diagnoses chassis and steering systems; Repairs chassis and steering systems; Drives boom truck; Completes documentation re: boom truck transport/hauling	<input type="checkbox"/> No	<input type="checkbox"/> Yes
E – BOOM TRUCK MAINTENANCE Includes: Diagnoses braking systems; Monitors and troubleshoots boom truck equipment during operations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
F – RIGGING FOR BOOM TRUCK OPERATIONS Includes: Inspects slings/rigging equipment for boom truck hoisting operations	<input type="checkbox"/> No	<input type="checkbox"/> Yes

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D. Supervisor/Employer Signature	I certify that the information I, as the current or former direct supervisor of the applicant provided is accurate. I understand that my support may allow the candidate to challenge the certification exam.	
Signature:		Date: (yyyy/mm/dd)
Printed name:		Daytime phone:

Office use only:	Verified - <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	Comments:
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