

# Apprenticeship Manitoba

## Trades Qualification Employer Declaration

### Crane – Mobile Crane Operator

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

<b>A. Applicant Name</b>	Name of the individual declaring their employment experience
Full name:	

<b>B. Work History Information</b>	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		

<b>C. Declaration of Job Tasks Performed 2013 NOA</b>	<input checked="" type="checkbox"/> Check the "No" box if none of the tasks in the group were witnessed by you personally. <input checked="" type="checkbox"/> Check the "Yes" box if you personally witnessed the applicant performing the tasks at the level of a journey person. Strike out any individual tasks not witnessed. <del>example</del>	
<b>A – Common Occupational Skills</b> Includes: Performs safety related functions; Organizes work	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>B – Hoisting Calculations</b> Includes: Determines load weights; Calculates crane capacity; Performs rigging calculations	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>C – Crane Inspection and Maintenance</b> Includes: Performs pre-operational checks and regular inspections; Performs operational and continual checks; Performs minor crane maintenance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>D – Rigging</b> Includes: Inspects, maintains and stores slings and hardware; Follows rigging procedures	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>E – Lift Planning, Site Preparation and Crane Setup</b> Includes: Performs pre-lift planning; Sets up crane	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>F – Crane Assembly, Disassembly and Transport</b> Includes: Loads and unloads components for transport; Drives cranes on public roadways; Assembles and disassembles lattice boom cranes; Assembles and disassembles telescopic boom cranes; Assembles and disassembles specialty equipment and attachments	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>G – Crane Operations</b> Includes: Performs common craning operations; Operates friction drive lattice boom cranes; Operates hydraulic drive lattice boom cranes; Operates telescopic boom cranes; Performs specialty craning operations; Secures crane	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<b>D. Supervisor/Employer Signature</b>	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:	

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