

**Record of Work Experiences
Trade Qualifier or Pre-Apprenticeship Credits**

MOBILE CRANE OPERATOR

Note to Apprenticeship Applicants

The work experiences on this form are for credit only and must have been performed prior to your registration as an apprentice.

Applicant Information

Name: _____			
Surname	First	Initial	
Address: _____ / _____ / _____ / _____			
P. O. Box/Street	City/Town	Province	Postal Code
Telephone: (____) _____ Cell: (____) _____ Email address: _____			

Employer Information & Verification

Note to Employer			
By completing the section below you are confirming that the hours indicated for the applicant are specific to employment in the Mobile Crane Operator Trade .			
Verified By: _____	CRA* Business #: _____		
Company Name	9 digits		
Address: _____ / _____ / _____ / _____			
P. O. Box/Street	City/Town	Province	Postal Code
Telephone: (____) _____	Email Address: _____		
Employer or Representative			
_____ Employer or Representative Signature	_____ Employer or Representative (Print)		
Date of applicant's employment from: ____ / ____ / ____ to: ____ / ____ / ____			
Month Day Year Month Day Year			
Total hours of employment the applicant worked in the Mobile Crane Operator Trade: _____ Hours			
* CRA - Canada Revenue Agency			

Please check the appropriate box:

Trade Qualifiers <input type="checkbox"/>	The signature of the Journeyperson following each of the required skills acknowledges the applicant has met the competencies in each of the skill areas according to the Industry Standard associated with this trade.
Pre- Apprenticeship Credits <input type="checkbox"/>	The signature of the Journeyperson following each of the required skills acknowledges the applicant has performed in each of the skill areas appropriate for this trade.

- The Advisory Committee in the **Mobile Crane Operator Trade** has identified the work experiences or skills listed below as those required for the trade.
- Journeypersons must be certified in the trade stated by this document. A Journeyperson in another trade may sign certain sections if the skills are common to both trades.

Skills Required For Certification	Journeyperson Signature	Verified By Applicant
SHOP SAFETY		
Use shop tools in a safe manner		
Use shop equipment in a safe manner		
Use shop facilities in a safe manner		
SAFETY REGULATIONS AND CONDITIONS		
Follow CSA z150-16 safety regulations & assess environmental conditions such as weather		
Follow CSA z150-16 safety regulations & assess conditions such as road		
Follow CSA z150-16 safety regulations & assess conditions such as vehicle		
Follow CSA z150-16 safety regulations & assess conditions such as traffic		
Follow CSA z150-16 safety regulations & assess operating conditions		
SAFETY RULES		
Plan lifting strategies by following CSA z150-16 safety regulations		
Operate equipment by following CSA z150-16 safety regulations		
Prevent emergencies by following CSA z150-16 safety regulations		
MAINTENANCE		

Skills Required For Certification	Journeyperson Signature	Verified By Applicant
Maintain equipment following manufacturers' recommendations		
REGULATIONS AND EMERGENCY PROCEDURES		
Interpret CSA z150-16 safety regulations		
Integrate CSA z150-16 safety regulations into work practices		
INSPECTION		
Perform pre-continual and post operational inspection according to manufacturer specifications		
PREPARATION TO LIFT LOAD		
Consider environmental, mechanical and operational variables		
Make calculations		
Set up crane		
Select and apply rigging for load		
Confirm LMI configuration		
Lift a load		
MOBILE LATTICE BOOM CRANE		
Assemble mobile lattice boom cranes according to manufacturer specifications and procedures		
Inspect mobile lattice boom cranes according to manufacturer specifications and procedures		
Start up mobile lattice boom cranes according to manufacturer specifications and procedures		
Manoeuvre mobile lattice boom cranes in assembled position according to manufacturer specifications and procedures		
Set up mobile lattice boom cranes according to manufacturer specifications and procedures		
Plan lift strategies for mobile lattice boom cranes		
Lift load with mobile lattice boom cranes		
Shut down mobile lattice boom cranes according to manufacturer specifications and procedures		
Dismantle mobile lattice boom cranes according to manufacturer specifications and procedures		
MOBILE HYDRAULIC BOOM CRANES		
Assemble mobile hydraulic boom cranes according to manufacturer specifications and procedures		

Skills Required For Certification	Journeyperson Signature	Verified By Applicant
Inspect mobile hydraulic boom cranes according to manufacturer specifications and procedures		
Start up mobile hydraulic boom cranes according to manufacturer specifications and procedures		
Manoeuvre mobile hydraulic boom cranes in assembled position according to manufacturer specifications and procedures		
Set up mobile hydraulic boom cranes according to manufacturer specifications and procedures		
Plan lift strategies for mobile hydraulic boom cranes		
Lift load with mobile hydraulic boom cranes		
Shut down mobile hydraulic boom cranes according to manufacturer specifications and procedures		
Dismantle mobile hydraulic boom cranes according to manufacturer specifications and procedures		
CRANE TRANSPORTATION		
Perform pre-trip planning		
Prepare cranes for transport		
Travel cranes on roadways		
Travel cranes on job site		

Note to Journeypersons

- Journeypersons who have applied their signatures to the skills required for the certification section of this document must complete the following sections.
- The Apprenticeship and Trades Certification Division, for the purpose of verification, may contact Journeypersons who have applied their signatures to skills for applicants.

Journeyperson Supervisor Verification			
Name: _____			
Surname	First	Initial	
Address: _____ / _____ / _____ / _____			
P. O. Box/Street	City/Town	Province	Postal Code
Telephone: (____) _____		Cell phone: (____) _____	
Email address: _____			
Certificate Number: _____ and/or I.P. Number: _____			
Name (signature): _____			

Journeyperson Supervisor Verification			
Name: _____			
Surname	First	Initial	
Address: _____ / _____ / _____ / _____			
P. O. Box/Street	City/Town	Province	Postal Code
Telephone: (____) _____		Cell phone: (____) _____	
e-mail: _____			
Certificate Number: _____ and/or I.P. Number: _____			
Name (signature): _____			

For Office Use Only

Credit: _____

Approved by: _____ Date: _____
month / day / year

Note To Trade Qualifier Applicants

If employer verification is not possible, please contact the nearest Apprenticeship and Trades Certification Office to discuss available options.

Contact Information

Avalon	Clarenville	Central	Western	Labrador
Apprenticeship and Trades Certification Division Industrial Training Section 1170 Topsail Road P.O. Box 8700 St. John's, NL A1B 4J6 Phone: (709) 729-2729 Fax: (709) 729-5878 Toll Free: 1-877-771-3737	Apprenticeship and Trades Certification Division Industrial Training Section 45 Tilley's Road Clarenville, NL A5A 1Z4 Phone: (709) 466-3982 Fax: (709) 466-3987 Toll Free: 1-877-771-3737	Apprenticeship and Trades Certification Division Industrial Training Section 42 Hardy Avenue Grand Falls-Windsor, NL A2A 2J9 Phone: (709) 292-4215 Fax: (709) 292-4502 Toll Free: 1-877-771-3737	Apprenticeship and Trades Certification Division Industrial Training Section 1-3 Union Street Aylward Building, 2 nd Floor P.O. Box 2006 Corner Brook, NL A2H 6J8 Phone: (709) 637-2366 Fax: (709) 637-2519 Toll Free: 1-877-771-3737	Apprenticeship and Trades Certification Division Industrial Training Section 163 Hamilton River Road Burse Building P.O. Box 3014, Station "B" Happy Valley-Goose Bay, NL A0P 1E0 Phone: (709) 896-6348 Fax: (709) 896-6703 Toll Free: 1-877-771-3737

The personal information in this form is being collected under the authority of section 61(c) of the **Access to Information and Protection of Privacy Act, 2015** for the purpose of verifying work experience for apprenticeship credit. If you have any questions about the collection, use and disclosure of your personal information, please contact an Apprenticeship Program Officer at one of ATCD's regional offices, or email app@gov.nl.ca.