

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

**TOWER 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**

|   |   |          |             |
|---|---|----------|-------------|
| <b>Note to Employer</b>   |   |          |             |
| By completing the section below you are confirming that the hours indicated for the applicant are specific to employment in the <b>Tower Crane Operator Trade</b> . |   |          |             |
| Verified By: _____  | CRA* Business #: _____                      |          |             |
| Company Name  | 9 digits                                    |          |             |
| Address: _____ / _____ / _____ / _____  |   |          |             |
| P. O. Box/Street  | City/Town                                   | Province | Postal Code |
| Telephone: (____) _____   | Email Address: _____                        |          |             |
| Employer or Representative  |   |          |             |
| _____<br>Employer or Representative Signature   | _____<br>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 <b>Tower Crane Operator Trade</b> : _____ Hours   |   |          |             |
| * CRA - Canada Revenue Agency   |   |          |             |

Please check the appropriate box:

|   |   |
|---|---|
| Trade Qualifiers<br><input type="checkbox"/>            | The <b>signature of the Journeyperson</b> 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<br><input type="checkbox"/> | The <b>signature of the Journeyperson</b> 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 **Tower 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 |
|---|-------------------------|-----------------------|
| <b>SHOP SAFETY</b>  |                         |                       |
| Use shop tools in a safe manner   |                         |                       |
| Use shop equipment in a safe manner   |                         |                       |
| Use shop facilities in a safe manner  |                         |                       |
| <b>SAFETY REGULATIONS AND CONDITIONS</b>  |                         |                       |
| Follow <b>CSA Z248</b> safety regulations & assess environmental conditions such as weather |                         |                       |
| Follow <b>CSA Z248</b> safety regulations & assess conditions such as vehicle               |                         |                       |
| Follow <b>CSA Z248</b> safety regulations & assess operating condition                      |                         |                       |
| <b>SAFETY RULES</b>   |                         |                       |
| Plan lifting strategies by following <b>CSA Z248</b> safety regulations                     |                         |                       |
| Operate equipment by following <b>CSA Z248</b> safety regulations                           |                         |                       |
| Prevent emergencies by following <b>CSA Z248</b> safety regulations                         |                         |                       |
| <b>MAINTENANCE</b>  |                         |                       |

| Skills Required For Certification   | Journeyperson Signature | Verified By Applicant |
|---|-------------------------|-----------------------|
| Maintain equipment following manufacturers' recommendations                                     |                         |                       |
| <b>REGULATIONS AND EMERGENCY PROCEDURES</b>   |                         |                       |
| Interpret <b>CSA Z248</b> safety regulations  |                         |                       |
| Integrate <b>CSA Z248</b> safety regulations into work practices                                |                         |                       |
| <b>INSPECTION</b>   |                         |                       |
| Perform pre- continual and post operational inspection according to manufacturer specifications |                         |                       |
| <b>PREPARATION TO LIFT LOAD</b>   |                         |                       |
| Consider environmental, mechanical and operational variables                                    |                         |                       |
| Make calculations   |                         |                       |
| Set up crane  |                         |                       |
| Select and apply rigging for load   |                         |                       |
| Confirm LMI configuration   |                         |                       |
| Lift a load   |                         |                       |
| <b>OPERATES TOWER CRANES</b>  |                         |                       |
| Trolleys carriage   |                         |                       |
| Booms (luffs) up and down or trolley in and out if applicable                                   |                         |                       |
| Swings (slews) jib  |                         |                       |
| Lift load   |                         |                       |
| Performs functions simultaneously   |                         |                       |

| SHUTS DOWN AND SECURES TOWER CRANES   |  |  |
|---|--|--|
| Secures crane while leaving controls according to manufactures' specifications and procedures |  |  |
| Secures crane while unattended according to manufactures' specifications and procedures       |  |  |
| Secures crane for extended periods according to manufactures' specifications and procedures   |  |  |

## 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: (____) _____ |             |
| Email address: _____                                |           |                          |             |
| 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**

| <b>Avalon</b>   | <b>Clarenville</b>  | <b>Central</b>   | <b>Western</b>  | <b>Labrador</b>  |
|---|---|--|---|--|
| Department of Immigration,<br>Population Growth and<br>Skills<br>Industrial Training Section<br>1170 Topsail Road<br>P.O. Box 8700<br>St. John's, NL A1B 4J6<br>Phone: (709) 729-2729<br>Fax: (709) 729-5878<br>Toll Free: 1-877-771-3737 | Department of Immigration,<br>Population Growth and Skills<br>Industrial Training Section<br>45 Tilley's Road<br>Clarenville, NL A5A 1Z4<br>Phone: (709) 466-3982<br>Fax: (709) 466-3987<br>Toll Free: 1-877-771-3737 | Department of Immigration,<br>Population Growth and Skills<br>Industrial Training Section<br>42 Harding Avenue<br>Grand Falls-Windsor, NL<br>A2A 2J9<br>Phone: (709) 292-4215<br>Fax: (709) 292-4502<br>Toll Free 1-877-771-3737 | Department of Immigration,<br>Population Growth and Skills<br>Industrial Training Section<br>1-3 Union Street<br>Aylward Building, 2 <sup>nd</sup> Floor<br>P.O. Box 2006<br>Corner Brook, NL A2H 6J8<br>Phone: (709) 637-2366<br>Fax: (709) 637-2519<br>Toll Free 1-877-771-3737 | Department of Immigration,<br>Population Growth and<br>Skills<br>Industrial Training Section<br>163 Hamilton River Road<br>Burse Building<br>P.O. Box 3014, Station "B"<br>Happy Valley-Goose Bay, NL<br>AOP 1E0<br>Phone: (709) 896-6348<br>Fax: (709) 896-6703<br>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](mailto:app@gov.nl.ca).