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An exemption permit allows an uncertified employee to perform a portion, but not all of the tasks within the scope of a compulsory certification trade and is valid only for the applicant named on this application. The exemption is valid only when approved by the Executive Director of Apprenticeship Manitoba and only for the period specified on the exemption permit. The exemption permit may be subject to terms and conditions as specified by the Executive Director. Self-employed applicants are also eligible to apply for an exemption permit. Changes to any of the information provided requires a new Exemption Permit Application. Permits are valid for two years. It is the applicant's responsibility to submit a new application prior to the expiration date.

If you work on the following equipment classifications and are not a certified journeyperson or registered apprentice, you are required to apply for an exemption permit. Please indicate which branch you are requesting a permit for under the Trade of Boom Truck Hoist, Mobile Crane and Tower Crane Operator Regulation:

- a) is mounted on a truck chassis which, in combination with the hoist, may be used to transport materials; and
- b) incorporates a boom which
 - i. is telescoping or articulating and can move in the vertical and horizontal plane,
 - ii. can raise, lower or move a load suspended from the boom by means of tackle,
 - iii. has a manufacturer's original design specification rated lifting capacity of more than 7.3 tonnes (8 tons) but not more than 40.8 tonnes (45 tons), and
 - iv. can load material on and off the truck chassis on which it is mounted.
- A **Mobile Crane**, which means a mechanical device or structure which incorporates a boom that
 - a) can move in both the vertical and horizontal plane;
 - b) can raise, lower or move a load suspended from the boom by means of tackle;
 - c) has a manufacturer's original design specification rated lift capacity greater than 7.3 tonnes (8 tons); and
 - d) is mounted on a permanent or mobile base.

Exemption permits are **not available** for equipment that is classified as a **Tower Crane** under the Trade of Boom Truck Hoist, Mobile Crane and Tower Crane Operator Regulation.

FAX: 204-677-6689



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Boom Truck Hoist and Mobile Crane Operator Exemption Permit Form

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Employee Crane Operator Information (please print) Legal First Name Middle Initial Legal Last Name Employer Information (also complete if self-employed – please print) Legal First Name Middle Initial Legal Last Name Legal Company Name Address City/Town Postal Code Company Cell Number Company Phone Number Company Email Employer/Employer Rep Name Employer/Emp. Rep Title Employer/Emp. Rep Sign **Exemption Information** Please indicate which of the following tasks you are requesting an exemption permit for and the frequency of time spent on each task: Task of the trade Indicate time spent on each task: **OCCASIONALLY** (i.e. 2-3 times/year) FREQUENTLY (i.e. monthly) OFTEN (i.e. weekly) DAILY (i.e. every day) **Boom Truck Hoist Operator** Performs boom truck lift-preparations and inspections Boom truck set-up and operations Boom truck hoisting and other specialties Boom truck transport and hauling Boom truck maintenance and rigging for boom truck operations

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Exemption Information continued

Please indicate which of the following tasks you are requesting an exemption permit for and the frequency of time spent on each task:

Task	of the trade	Indicate time spent on each task: OCCASIONALLY (i.e. 2-3 times/year) FREQUENTLY (i.e. monthly) OFTEN (i.e. weekly) DAILY (i.e. every day)		
Mobile Crane Operator				
	Performs common occupational skills			
	Hoisting calculations			
	Mobile crane inspection and maintenance			
	Rigging			
	Lift planning			
	Site preparation and mobile crane set-up			
	Mobile crane assembly			
	Disassembly and transport			
	Mobile crane operations			
Additional comments:				



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Additional Terms and Conditions for Exemption Permit:					
Site location for which the exemption is requested:					
Type of equipment used (include photo):					
Maximum lift capacity for the type of equipment identified above:					
Maximum load the employee will be lifting with the equipment identified for this permit:					
List all practical and theoretical training that has been of	completed by the	applicant (and attach evidence):			
List the precautionary steps taken by the employer and employee to ensure safety:					
Will the employer provide supervision	☐ Yes	□ No			
Applicant Declaration					
do solemnly declare that all of the information provided in my application is true and accurate. I understand that I am being granted an exemption permit for the specific tasks, employer, site location, and equipment indicated on the permit. If any of the above information changes, I will immediately notify Apprenticeship Manitoba in writing within 15 days and apply for a new permit. Based upon the legal authority granted under The Apprenticeship and Certification Act, if the Executive Director of Apprenticeship Manitoba is of the opinion that the holder of the exemption permit provided false or misleading information, he/she may cancel or suspend the exemption permit. I understand that a person who knowingly contravenes a provision of the above Act is guilty of an offence and upon summary conviction is liable to pay a fine of not more than \$10,000.					
Signature		Date			

Personal information is protected by The Freedom of Information and Protection of Privacy Act of Manitoba. Use and disclosure of personal information by Apprenticeship Manitoba must be authorized by the applicant or authorized under this Act. Please direct any questions or concerns to Apprenticeship Manitoba at (204) 945-3337 or 1-877-978-7233 toll free in Manitoba.



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FOR OFFICE USE ONLY

Apprenticeship Training Coordinato						
	Do Not Recommend					
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Rational for Recommendation (include approved tasks of trade):						
Date of ATC site visit:						
Crane Safety Training Provided by:	Crane Safety Training Date:					
Proof of training has been						
Proof of equipment (photo) provided:						
Apprenticeship Training Coordinator's Signature:		Date:				
Apprenticeship Services, Team Lead Signature:		Date:				
Approval is based on these above conditions and the information provided in this application.						
Executive Director decision:						
Executive Director Signature:	Date:					
Start Date:	Permit Expiry Date (two years from start date):					