

# Apprenticeship Manitoba

## Trades Qualification Employer Declaration

### Crane – Tower 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 2012 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 journeyperson. Strike out any individual tasks not witnessed. <del>example</del>
<b>A – Common Occupational Skills</b> Includes: Performs safety-related functions; Contributes to workplace organization	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>B – Crane Inspection and Maintenance</b> Includes: Performs pre operational checks and regular inspections; Performs continual checks; Performs minor crane maintenance	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>C – Crane Set-up, Hoisting Calculations and Lift Planning</b> Includes: Participates in tower crane assembly, disassembly and transportation; Plans lifts	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>D – Rigging</b> Includes: Inspects and maintains rigging equipment; Manages rigging	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>E – Crane Operations</b> Includes: Performs pre lift (warm-up) activities; Operates tower cranes; Climbs (raises) tower cranes; Performs specialty tower crane operations; Shuts down and secures tower cranes	<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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