HOISTING ENGINEER
Statement of Experience

Applicant Name (Please print) _____

College Membership Number (office use only) _____

Type of Test Requested
Mobile Crane Operator (339A) Branch 1 ___
Mobile Crane Operator (339C) Branch 2 ___
Tower Crane Operator (339B) Branch 3 ___

Consent

I consent that the College of Trades (College) may for the purposes of the administration of the *Ontario College of Trades and Apprenticeship Act 2009*, (OCTAA) contact, request information, documents or records from, and provide information to, other sources including:

- my current and former employers;
- governmental bodies, organizations (including departments, ministries, boards and agencies) or officials, police forces or military authorities;
- governing, regulatory, self-regulatory, apprenticeship or trades bodies, authorities, agencies or officials;
- educational institutions;
- consumer reporting agencies;
- publicly available sources under applicable laws or regulations;
- any other relevant sources.

I consent that the College may collect, use and disclose any information provided in or in connection with this application for the following purposes:

- verifying the information;
- processing this application;
- administering my file or membership with the College;
- administering and enforcing the OCTAA, the Regulations under the OCTAA, and the College's by-laws;
- conducting inspections or investigations;
- conducting policy analysis, evaluation and research related to apprenticeship and trades certification;
- any other purpose for which the College requests your consent and to which you consent;
- as required or permitted by law

I consent that all information, documents or records requested by the College for the above-noted purposes from other sources may be provided to the College. In addition, I consent that the College may collect, use and disclose my personal information and confidential information provided in or in connection with this application as provided above, as well as in accordance with the College's privacy policy available at http://www.collegeoftrades.ca/ privacy and as permitted or required by applicable laws or regulations. The information provided in or in connection with this application is collected, used and disclosed under the authority of OCTAA, the Regulations under the OCTAA, the College's by-laws, and other applicable laws or regulations.

Signature
X_____

Date (yyyy/mm/dd)
_____

Prerequisites for the Demonstration of Skills Test

For a Mobile Crane Operator (339A) D.O.S.T. 6000* hours of experience is required on cranes having a lifting capacity of over 15 tons from both:

Hydraulic Crane Silhouettes

- Letters A to L

and

Conventional/Lattice Boom Crane Silhouettes

- Letters M to S

Note*
339B Tower Crane Operator Certificate of Qualification holders require 4000 hours on the above.
339C Mobile Crane Operator Certificate of Qualification holders require 5100 hours on the above.

For a Tower Crane Operator (339B) D.O.S.T. 3000** hours of experience is required on cranes from both:

Hammerhead/Saddle Jib Crane Silhouettes

- Letters T to V

and

Luffing Jib Crane Silhouettes

- Letters W and X

Note**
339A Mobile Crane Operator Certificate of Qualification holders require 1000 hours on the above.
339C Mobile Crane Operator Certificate of Qualification holders require 2000 hours on the above.

For Mobile Crane Operator (339C) D.O.S.T. 1000 hours of experience is required on cranes having a lifting capacity from 8 tons up to and including 15 tons.

Hydraulic Crane Silhouettes

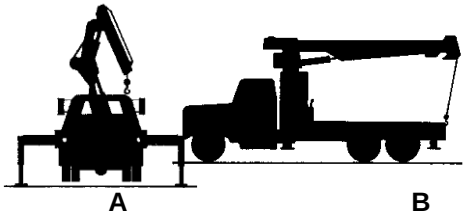
- Letters A to L

Completion of the "Statement of Experience" (page 6 and 7)

Please refer to the crane example profiles on pages 3 to 5 when completing the "Statement of Experience" form(s). Please enter either Hydraulic, Conventional/Lattice Boom, Hammerhead/Saddle Jib or Luffing Jib and the Corresponding letter to indicate the type of crane operated.

Hydraulic cranes

Boom Trucks

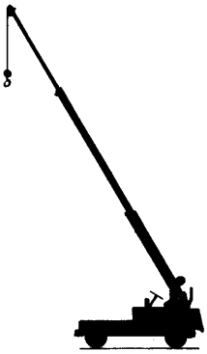


A B

C D

Industrial

E



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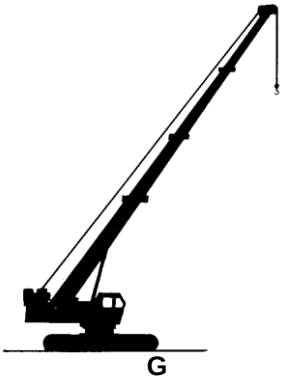
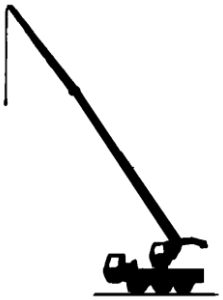


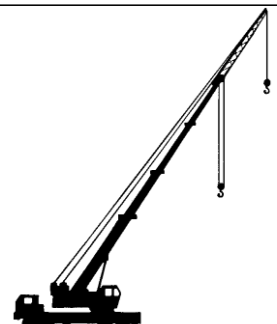
G

H

Mobile Truck cranes



I

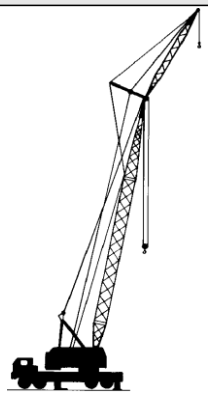


J

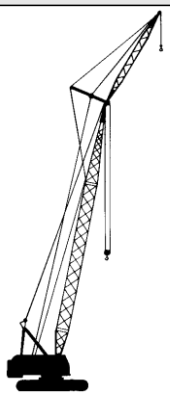
K

L

Conventional/Lattice boom cranes



M



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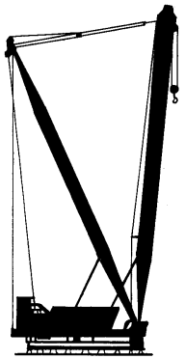

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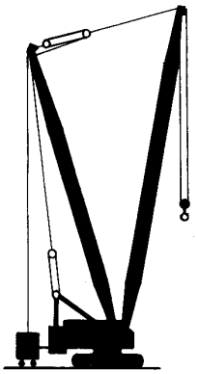

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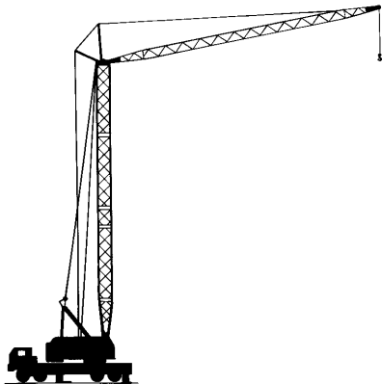

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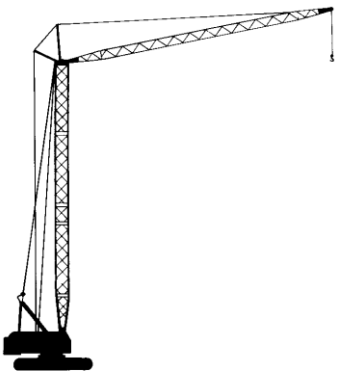
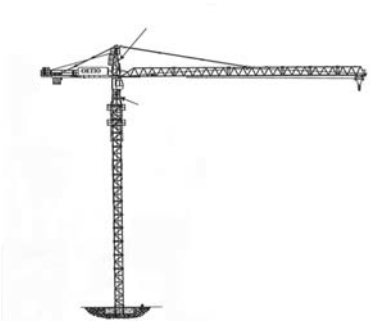


S

Hammerhead/Saddle jib cranes



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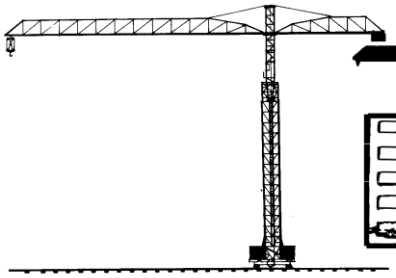

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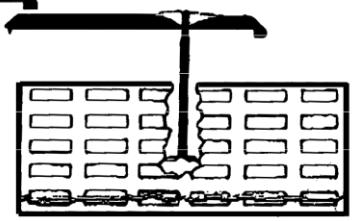
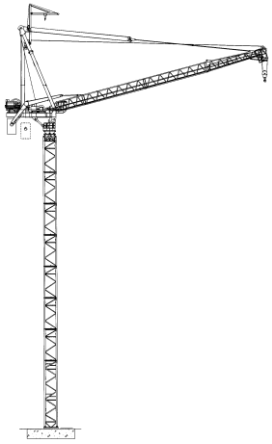


V

Luffing jib cranes



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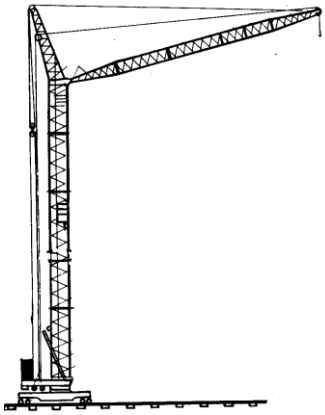

X

STATEMENT OF EXPERIENCE – MOBILE CRANE

Type of equipment (only enter the type equipment you have operated)

Enter employer's name and dates employed	Enter type of equipment, lifting capacity & hours		
Name: Address: From: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
Name: Address: Form: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
Name: Address: From: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
Name: Address: From: To:	Type: Lifting Capacity: Hours:	Type: Lifting capacity Hours:	Type: Lifting capacity: Hours:
Name: Address: From: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
Name: Address: From: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
	Total Hours:	Total Hours:	Total Hours:

*Add additional sheets if necessary, all information above must be supported with employer(s) letters.

STATEMENT OF EXPERIENCE – TOWER CRANE

Type of equipment (only enter the type equipment you have operated)

Enter employer's name and dates employed	Enter type of equipment, lifting capacity & hours		
Name: Address: From: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
Name: Address: Form: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
Name: Address: From: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
Name: Address: From: To:	Type: Lifting Capacity: Hours:	Type: Lifting capacity Hours:	Type: Lifting capacity: Hours:
Name: Address: From: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
Name: Address: From: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
	Total Hours:	Total Hours:	Total Hours:

*Add additional sheets if necessary, all information above must be supported with employer(s) letters.