

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

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

Employer Information & Verification

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

Please check the appropriate box:

<p>Trade Qualifiers</p> <p><input type="checkbox"/></p>	<p>The <u>signature of the Journeyperson</u> 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 occupation.</p>
<p>Pre- Apprenticeship Credits</p> <p><input type="checkbox"/></p>	<p>The <u>signature of the Journeyperson</u> following each of the required skills acknowledges the applicant has performed in each of the skill areas appropriate for this occupation.</p>

- The Occupational Advisory Committee in the Boom Truck Operator Occupation has identified the work experiences or skills listed below as those required for the occupation.
- Journeypersons must be certified in the occupation stated by this document. A Journeyperson in another occupation may sign certain sections if the skills are common to both occupations.

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 safety regulations and assess conditions such as weather		
Follow safety regulations and assess conditions such as road		
Follow safety regulations and assess conditions such as vehicle		
Follow safety regulations and assess conditions such as traffic		
Follow safety regulations and assess driver condition		
SAFETY RULES		
Plan lifting strategies observing safety rules		
Operate equipment observing safety rules		
Prevent emergencies by observing safety rules		

Skills Required For Certification	Journeyperson Signature	Verified By Applicant
MAINTENANCE		
Maintain equipment following manufacturers' recommendations		
Maintain Logbook		
COMMUNICATIONS		
Interpret and use hand signals		
Operate radio		
REGULATIONS AND EMERGENCY PROCEDURES		
Interpret regulations		
Integrate regulations into work practices		
Interpret emergency procedures		
Integrate emergency procedures into work practices		
INSPECTION		
Inspect boom trucks		
Perform pre-operational checks		
PREPARATION TO MOVE LOAD		
Consider variables		
Make calculations using load charts		
Set up boom truck		
Rigging of various loads		
Confirm LMI signal		
Move a load		
BOOM TRUCK		
Inspect boom trucks		
Start up boom truck in preparation for operation		
Plan strategies for boom truck		
Hoist load using boom truck		
Shut down and secure boom truck		
Prepare and secure load for travel		
Prepare boom truck for travel on road		

Skills Required For Certification	Journeyperson Signature	Verified By Applicant
Travel boom truck on road		

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 Institutional and Industrial Education Division, for the purpose of verification, may contact Journeypersons who have applied their signatures to skills for applicants.

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

<u>Journeyperson Supervisor Verification</u>			
Name: _____			
<i>Surname</i>	<i>First</i>	<i>Initial</i>	
Address: _____ / _____ / _____ / _____			
<i>P. O. Box/Street</i>	<i>City/Town</i>	<i>Province</i>	<i>Postal Code</i>
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 Institutional and Industrial Education Office to discuss available options.

Contact Information

email: app@gov.nl.ca

Toll-Free Telephone: 1-877-771-3737