

PERSONNEL HOIST OPERATOR'S TRAINING DECLARATION

Note: Any personal information collected is handled in accordance with the British Columbia *Freedom and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for Technical Safety BC at 1-866-566-7233.

Instructions: It is the responsibility of the **training provider** to **fill out and submit this declaration** on behalf of the trainee.

A. Trainee Information

Last Name:	Given Name:	Middle Initial:
Primary Phone:	Mobile Phone:	Email:

B. Declaration

<i>Your signature on this form constitutes your legally binding representation that the information herein referred to complies with all applicable regulations, codes and standards.</i>	
The person named above has successfully completed 21hrs of training in a program approved by Technical Safety BC. Training was given in accordance with the elevating devices safety regulation and applicable requirements.	
Training Provider Name:	
Instructor Name:	
<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization. This has the same effect as submitting a handwritten signature.	
Instructor Signature:	Date:
Date Course Attended.	

C. Hoist Information

Type of Hoist Used For Training:
If Other: