

Office use only. Please do not write in this box.

Control no.: _____ Cert no.: _____ Expires: _____

A. Conventional B. Hydraulic C. Boom truck D. Restricted boom truck E. Reserved F. Line truck

Date Approved: _____ By (signature): _____

New York State Department of Labor
Division of Safety and Health
License and Certification Unit
Harriman State Office Campus
Building 12, Room 161A
Albany, NY 12240
(518) 457-2735
www.labor.ny.gov

Application for Crane Operator's Certificate of Competence

You must provide certain personal information to complete this form. If you don't provide this information we cannot process your application. The authority to collect this information is found in the New York State (NYS) Labor Law. We will maintain this information and use it to process this application.

Use black or blue ink to complete pages 1, 2 and 3 of this application (items 1 through 17). Mail the signed form and attachments to the address above. Include the application fee of \$150. Make your check or money order out to the Commissioner of Labor.

Applicant's information:

1. Last name: _____ First: _____ Middle initial: _____

2. Address:

Street: _____

City, Town, Village: _____ State: _____ Zip code: _____

3. Home phone: (____) _____

4. Work phone: (____) _____

5. Social Security number: _____

6. Date of birth (mm/dd/yyyy): _____

7. NYS Department of Motor Vehicles license or ID number: _____

8. a. Height: ____ feet ____ inches. b. Weight: ____ pounds. c. Hair color: ____ . d. Eye color: _____

9. List any crane license/certificate issued to you by a government agency or organization. Include name of issuing authority, date of issue and class of license/certificate.

10. a. Do you have a physical handicap or illness, such as epilepsy, heart disease, or an uncorrected defect in vision or hearing, that might diminish your ability to operate a crane? Yes No

b. If you answered "Yes," please explain: _____

Continued on pages 2 and 3.

Applicant's name: Last: _____ First: _____

11. Training program(s) attended. Explain: Crane Schools; Management Courses; Military; Other.

12. Choose a crane type for the practical exam. Select a crane you have adequate experience operating.

- A. Conventional a.k.a. Lattice Boom, Friction, Cable. This includes all cranes having free-fall capability. Class A allows operation of any crane.
- B. Hydraulic a.k.a. Cherry-Picker (telescopic boom, swinging cab type, no max. mfg. rating). This also includes self-erecting tower cranes. Class B allows operation of B,C and D.
- C. Boom Truck (telescopic boom, truck-mounted, operator normally stands, 28-ton max. mfg. rating capacity). Class C allows operation of C & D.
- D. Restricted Boom Truck a.k.a. Sign-Hanger (max. 3-ton mfg. rated capacity, up to 125 feet of boom). Class D allows operation of D only.
- F. Line Truck a.k.a. Digger Derrick (electrical applications only, nonconductive tip and nylon rope, maximum 15-ton mfg. rated capacity, 65-foot maximum boom length). Class F allows operation of F only.

13. Request for Written Test Center location. Enter 1 after the city for your first choice. Enter 2 after the city for your second choice. Please note that your choice is not guaranteed. The department may assign at its discretion.

Albany _____ Binghamton _____ Buffalo _____ Hauppauge _____ New York City _____
Rochester _____ Syracuse _____ Utica _____ White Plains _____

14. Certification of Child Support Obligations

Are you under an obligation to pay child support? Yes No If you answered Yes, complete items 1 - 4.

- 1. I am making payments in accordance with a plan agreed upon by the parties. Yes No
- 2. I am four months or more behind in the payment of child support. Yes No
- 3. My child support obligation is the subject of a pending court proceeding. Yes No
- 4. I am receiving public assistance or supplemental security income. Yes No

If you are four months or more behind in child support or have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding, you may be subject to suspension of your business, professional and/or driver licenses.

Certification:

I understand that by signing this, I grant permission to the Commissioner of Labor to provide access to my Unemployment Insurance (UI) benefit file.

I hereby make application for a Certificate of Competence as a crane operator and certify that the information on all three pages of this application is correct to the best of my knowledge.

I authorize the Department of Labor (DOL) and the Department of Motor Vehicles (DMV) to produce an identification (ID) card bearing my DMV photo. I understand that DOL will send this card to the address I maintain with DOL. I also understand that the DOL and the DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with the DOL.

15. Signature: _____ 16. Date: _____

Continued on page 3.

Applicant's name: Last: _____ First: _____

17. Work Experience: Required: List 3 years of work experience below. Also send this information on company letterhead from each of your employers.

Crane Employer's Name and Mailing Address (Include your Apprenticeship Training)	Employed in the operation and maintenance of a crane				Average weeks worked per year	Average hours worked per week doing the following duties:		Types of Cranes Operated Indicate the average percentage of time you worked on each type of crane.				
	From		To			Operate	Maintenance	Cable (Lattice Boom Conventional Friction)	Hydraulic (Cherry- Picker)	Boom Truck	Restroom Boom Truck (Sign Hanger)	Line Truck (Digger Derrick)
	Mo.	Yr.	Mo.	Yr.								