



Application for Crane Operator's Certificate of Competence

You must provide personal information to complete this form. The authority to collect this information is found in the New York State (NYS) Labor Law. This information will be maintained and used to process the application. Failure to provide this information may result in our inability to process your application.

Include the application fee of \$150. Make your check or money order out to the Commissioner of Labor.

Applicant's Information

Last name: _____ First name: _____ Middle initial: _____

Social Security number: _____ Date of birth: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home phone number: _____ Work phone number: _____

Email: _____ NYS DMV license or ID number: _____

Eye color: _____ Hair color: _____ Weight: Pounds: _____ Height: Feet: _____ Inches: _____

Questions

1. 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.

2a. Do you or have you ever had epilepsy or heart disease? Yes No

2b. Do you have an uncorrected defect in vision, hearing or any other physical handicap or illness that might diminish your ability to operate a crane? Yes No

2c. If you answered "Yes" to question 2a and/or 2b, please explain:

3. List the training program(s) you have attended. Explain if they are Crane Schools; Management Courses; Military; Other:

Do not write in the area below. It is for office use only. Please go to page 2 to continue.

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): _____

Applicant's name: Last _____ First _____

4. Choose a crane type for the practical exam. Select a crane you have adequate experience operating.
- Class A. Conventional a.k.a. Lattice Boom, Friction, Cable. This includes all cranes having free-fall capability. Class A allows operation of any crane.
 - Class 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.
 - Class C. Boom Truck (telescopic boom, truck-mounted, operator normally stands, 28-ton max. mfg. rating capacity). Class C allows operation of C & D.
 - Class 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.
 - Class 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.
5. **Request for Written Test Center Location.** If the location is available, where would you like to take your written test? Please enter the number 1 for your first choice and the number 2 for your second choice. Note: The department will try to assign you one of your choices but may have to assign a different location.

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

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

Note: 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.

Work Experience

Please complete the Work Experience section on page 3.

Acknowledgement:

- I swear the information on this form is correct to the best of my knowledge.
- I am aware there are penalties for making false statements.
- I approve the Department of Labor (DOL) and the Department of Motor Vehicles (DMV) to produce an identification (ID) card for me using my DMV photo.
 - I understand my DMV photo will be used for all future license and certificate ID cards
 - I understand the DOL will send my ID card to the mailing address given above.

Applicant's Signature: _____ Date: _____

Applicant's name: Last: _____ First: _____

6. 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.								