



**WEST VIRGINIA DIVISION OF LABOR**  
 1900 Kanawha Boulevard East  
 State Capitol Complex - Building 3, Room 200  
 Charleston, WV 25305  
 Telephone: (304) 558-7890 Facsimile: (304) 558-5174  
**Crane Operator Certification Application**  
**Class "A"**



**General Information: (Please Print)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 First Middle Initial Last

Last Four Digits of SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Last Physical Examination: \_\_\_\_\_ Date: \_\_\_\_\_ Physician: \_\_\_\_\_

**A copy of the physical examination documentation must be attached to this application.**

**Written Examination**

| Exam Type:                 | Date  | Score |
|----------------------------|-------|-------|
| Core Examination           | _____ | _____ |
| Fixed Cab-Telescoping Boom | _____ | _____ |
| Lattice Boom-Crawler       | _____ | _____ |
| Lattice Boom -Truck        | _____ | _____ |
| Swing Cab-Telescoping Boom | _____ | _____ |
| Tower                      | _____ | _____ |

**Practical Examination**

| Exam Type:                      | Date  | Score |
|---------------------------------|-------|-------|
| Fixed Cab-Telescoping Boom      | _____ | _____ |
| Lattice Boom (Crawler or Truck) | _____ | _____ |
| Swing Cab-Telescoping Boom      | _____ | _____ |
| Tower                           | _____ | _____ |

**Documentation:** Copies of the N.C.C.C.O. test scores for both the written and practical examinations and a copy of your current N.C.C.C.O. certification card must be attached to this application.

**Fee Required:** The processing of this application requires a \$75.00 fee. Please attach a check, certified check, cashier's check or money order payable to the **West Virginia Division of Labor**. **(No Cash Please)**

**Certification:** I hereby certify that the information contained in this application is correct in that it is made under the penalties of perjury.

\_\_\_\_\_ (Print Name)                      \_\_\_\_\_ (Signature)                      \_\_\_\_\_ (Date)

**Crane Operator Certification  
Application Instructions**

**Class "A"**

**Name:** First Name, Middle Initial, Last Name

**Last Four Digits of your Social Security #:** and **Date of Birth:** Month, Day, Year (00-00-0000)

**Address:** Street Address / Post Office Box

**City, State, Zip:** City, State and Zip Code (5 or 9 digit)

**Email Address:** Please enter your current email address.

**Last Physical Examination:** A physician's certificate is required prior to initial certification and will be required every five (5) years. The certificate must certify that you are qualified to drive a commercial motor vehicle as required by 49 C.F.R. §391.41. A copy of the physical examination certificate used in obtaining a commercial driver license or equivalent form approved by the Commissioner must be attached to this application. From that certificate, please enter the date of the last examination and the name of the physician.

**Written Examination:** All class A certification applicants must take the appropriate examinations required by the National Commission for the Certification of Crane Operators (N.C.C.C.O.). These examinations must be repeated every five (5) years. For each examination taken, please enter the date of the examination and the final score. A copy of the official score notification must be attached to this application.

**Practical Examination:** All class A applicants must successfully complete a practical examination. This is a hands on demonstration of physical skills where the operator will be required to operate the crane through a series of exercises. In order to take the practical examination, the applicant must document one thousand (1,000) hours of crane related experience in the four years immediately preceding the date of the application.

**Scheduling Examinations:** All written and practical examinations are administered by an independent testing company. Applicants must contact the company directly for available testing dates and to schedule the appropriate examinations.

|  |                                     |
|--|-------------------------------------|
| <b>National Commission for the Certification of Crane Operators (N.C.C.C.O.)</b> |                                     |
| Practical Examination: (703) 560-2391  | Written Examination: (727) 449-8525 |

**When scheduling examinations for a Class A certification, you must specify that you desire to take the N.C.C.C.O. examinations.**

**Fee Required:** The processing of this application requires a \$75.00 fee. Please attach a check, certified check, cashier's check or money order payable to the **West Virginia Division of Labor**. **(No Cash Please)**  
Applications will not be processed without receipt of the annual fee.

**Certification:** By signing this application, you are attesting that all information herein contained is correct. The Division of Labor may conduct random checks on applications to validate accuracy of information. **A false application may result in the denial or revocation of your certification and possible prosecution under the penalty of perjury.** Please PRINT your full name, affix your signature and enter the date of application.