



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 "B"
(By Examination)

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 your West Virginia test scores for both the written and practical examinations 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 "B"
(By Examination)**

Name: First Name, Middle Initial, Last Name **Phone #:** (000) 000-0000
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: Class B certification applicants may be certified by taking the appropriate West Virginia examinations. You must be re-certified every five (5) years by either re-examination or by training. 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: Class B applicants who choose to be certified by examination 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. This examination will be administered on the type of crane for which certification is desired. The practical examination is required only for initial certification and is not required to be repeated.

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

National Commission for the Certification of Crane Operators (N.C.C.C.O.)
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Practical Examination: (703) 560-2391	Written Examination: (727) 449-8525
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When scheduling examinations for a Class B certification, you must specify that you desire to take the West Virginia 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.