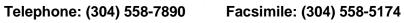


(Print Name)

WEST VIRGINIA DIVISION OF LABOR

1900 Kanawha Boulevard East State Capitol Complex - Building 3, Room 200 Charleston, WV 25305





(Date)

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: _	Cou	nty:
Email Address:				
Last Physical Examination: Date:	Physician:			
A copy of the physical examination			attached to this	application.
	Written Examina	ation		
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. a copy of your current N.C.C.C.O. certificati				
Fee Required: The processing of this applic check, cashier's check or money order paya	•			
Certification: I hereby certify that the informunder the penalties of perjury.	nation contained ir	n this app	lication is correct	in that it is made

(Signature)

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.

National Commission for the Certification of Crane Operators (N.C.C.C.O.)

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.