

STATE BOARD OF CRANE OPERATORS

MAILING ADDRESS

STATE BOARD OF CRANE OPERATORS
P.O. BOX 2649
HARRISBURG, PA 17105

COURIER ADDRESS

STATE BOARD OF CRANE OPERATORS
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

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REQUEST FOR CHANGES TO AN INDIVIDUAL LICENSE

A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

CHECK ALL THAT APPLY AND COMPLETE THE REQUESTED INFORMATION BELOW – BLACK INK ONLY



CHANGE OF PERSONAL NAME AND/OR ADDRESS: Provide all of the information below.

1. Submit an 8½ x 11 **copy** of at least one of the accepted legal documents listed below, to verify your new name.
2. Original documents will NOT be returned. **Copies of a driver's license or Social Security cards are NOT acceptable.**
 - a) Marriage certificate
 - b) Final divorce decree, which indicates the retaking of your maiden name
 - c) Other legal document, which indicates the retaking of a maiden name
 - d) A court order approving a legal name change.

NO CHANGES will be made to your name if you fail to submit an acceptable name change document.



REQUEST FOR A DUPLICATE LICENSE:

1. Submit a **check or money order**, payable to “**Commonwealth of PA.**” To pay for a duplicate License by credit card you must complete the entire transaction on-line at www.mylicense.state.pa.us.
2. The fee for a duplicate license is **\$5.00 each**. A duplicate license is the 5x7 document bearing an expiration date and has the wallet card attached.



CHANGE LICENSE OBTAINED BY:

1. I have originally obtained licensure without certification; I have now become certified by a Pennsylvania Approved Certifying Organization.
2. I have contacted the Pennsylvania Approved Certifying Organization to submit verification of my certificate directly to the Board Office. No fee required.



REQUEST FOR ADDITION OF SPECIALTY:

1. Submit a **check or money order** for the **\$70.00 fee**, payable to the “**Commonwealth of PA.**” A duplicate license will be issued automatically.
2. Submit a copy of your most recent physical examination certificate.
3. Verification of a passed examination/certificate of specialty must be forwarded to the Board office directly from the certifying organization.



REQUEST TO PLACE LICENSE ON INACTIVE STATUS:

1. Complete the below information and **return your current license to the Board Office**. There is no fee to place your license on inactive status.
2. **An individual holding a license without certification issued originally under § 6.22 or § 6.23 (relating to licensure without certification by practical examination; and licensure without certification by experience) may request inactive status for a period not to exceed 5 years less 1 day.**

PLEASE PRINT										
NAME: (Old name)						NEW NAME: If applicable				
SOCIAL SECURITY #:				DATE OF BIRTH: MM/DD/YYYY				LICENSE #: All letters and numbers		
EMAIL ADDRESS:						DAYTIME PHONE #:				
OLD (Current) ADDRESS: <i>Required for Verification</i>										
	CITY				STATE			ZIP		
NEW MAILING ADDRESS: If applicable										
	CITY				STATE			ZIP		
ADD SPECIALTY:	<p><u>CIRCLE SPECIALTY(IES):</u> <u>TOWER</u> <u>LATTICE BOOM CRAWLER</u> <u>LATTICE BOOM TRUCK</u></p> <p><u>TELESCOPIC BOOM CRANE:</u> W/ <u>ROTATING</u> CONTROL STATION W/ <u>FIXED</u> CONTROL STATION</p> <p>CIRCLE ONE - CERTIFYING ORGANIZATION: NCCCO CIC NCCER OECP</p>									