

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

PHONE 717-783-1404

FAX 717-705-5540

E-MAIL ra-craneoperators@pa.gov
WEBSITE www.dos.pa.gov/craneoperators

APPLICATION FOR TRAINEE

THIS APPLICATION IS FOR THE PURPOSE OF ACQUIRING THE EXPERIENCE NECESSARY TO OBTAIN CERTIFICATION. A TRAINEE WHO HAS PASSED A WRITTEN EXAMINATION OF A CERTIFYING ORGANIZATION APPROVED BY THE BOARD MAY OPERATE A CRANE UNDER THE IMMEDIATE SUPERVISION OF A CRANE OPERATOR.

1. You must be 18 years of age or older and physically capable of operating a crane.
2. You may not operate a crane as a trainee for a period of more than 90 days from the date of certification, unless granted leave by the Board to operate a crane as a trainee for an additional period of 90 days while an application for licensure is pending before the Board.
3. You may operate a crane as a trainee only valid if you are under the immediate supervision of a licensed crane operator.
4. A supervising crane operator shall not have any other duties, and shall supervise only one trainee at any time.

INSTRUCTIONS

1. **Before completing this application, make sure this is the most recent version by comparing it with the one posted on the Board's website. The date is located in the upper left hand corner.**
2. Application responses must be typed or printed neatly. **ALL questions in ALL sections MUST be answered completely. USE BLACK INK ONLY**
3. Complete the application and submit it with the fee and supporting documents.
4. Contact and authorize your Pennsylvania approved certifying organization to provide proof of certificate ***directly*** to the Board office. Typically, certifying organizations obtain your authorization at or before testing for certificate.
5. Attach a physician's certification that you have been examined by a physician and determined to be physically capable of operating a crane. (See the Physical Examination Requirement on the Board's website at <http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/CraneOperators/Documents/Applications%20and%20Forms/Crane%20PHYSICAL%20EXAMINATION%20REQUIREMENT1.pdf>).

The physician may use a Commercial Driver's License (CDL) physical form approved by the United States Department of Transportation at <http://www.fmcsa.dot.gov/documents/safetyprograms/Medical-Report.pdf> or an equivalent form.

INFORMATION

Trainee registration is valid for a period of one year after the date of the written examination.

Trainee registration cannot be renewed. Upon passing another written examination, an individual may register as a trainee for a new trainee period.

Registrations are not forwardable. Duplicate registrations are issued upon request with a fee of \$5.00 made payable to the Commonwealth of PA and mailed to the board office or by the on-line process.

You will be notified of application discrepancies by email.

If a pending application is older than one year from the date submitted online and the applicant wishes to continue the application process, the Board will require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

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INITIAL LICENSURE - \$100.00 NON-REFUNDABLE APPLICATION FEE.

Check or money order only, made payable to the "Commonwealth of Pennsylvania."

There is a \$20.00 charge for all checks returned "not paid" regardless of the reason for non-payment.

SECTION 1:

APPLICANT NAME:		
SOCIAL SECURITY NUMBER:		
BIRTH DATE:		
HOME STREET ADDRESS		
CITY/STATE/ZIP CODE		
DAY TELEPHONE NUMBER:		
E-MAIL ADDRESS:	WOULD YOU LIKE US TO COMMUNICATE WITH YOU REGARDING THIS APPLICATION VIA EMAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER NAME:		
EMPLOYER STREET ADDRESS:		
EMPLOYER CITY/STATE/ZIP CODE:		

SECTION 2:

DATE OF PASSING WRITTEN EXAMINATION:	<u>CAN NOT EXCEED MORE THAN ONE YEAR PRIOR TO DATE OF THIS APPLICATION</u>
CERTIFYING ORGANIZATION:	
TYPE OF CRANE SPECIALTY WRITTEN EXAMINATION:	

SECTION 3: CRANE SPECIALTIES (15 TON CAPACITY OR MORE) check all that apply

- Lattice Boom Crawler
- Lattice Boom Truck
- Telescopic Boom Crane W/Rotating Control Station
- Telescopic Boom Crane W/Fixed Control Station
- Tower – 10 Ton Meter Capacity or more

SECTION 4: The following questions must be answered:

If you answered "yes" to any criminal or disciplinary question, provide a full written explanation AND a certified copy of any and all relevant Board, court and/or legal documents, including the criminal complaint, charging documents, documentation of the final disposition and sentence imposed, as well as documentation of your successful completion of any and all of the sentencing requirements that may have been imposed.

ANSWER THE FOLLOWING	YES	NO
1. Do you hold, or have you ever held, a license, certificate, permit, registration, or other authorization to practice a profession or occupation in any state or jurisdiction?		
If you answered "YES" to the above question, <u>please provide the profession and state or jurisdiction</u> . Please do not abbreviate the profession.		
2. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you been convicted (found guilty, pled guilty or pled nolo contendere, received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations: NOTE: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7. Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
8. Have you been examined by a physician and determined to be physically capable of operating a crane? If so, attach a Commercial Driver's License (CDL) physical form approved by the United States Department of Transportation or an equivalent form.		

SECTION 5:

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

SOCIAL SECURITY ACT CERTIFICATION

In order to comply with federal law, the state board of crane operators is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this board to comply with the requirements of the federal social security act pertaining to child support enforcement, as implemented in the commonwealth of Pennsylvania at 23 pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the commonwealth's Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

Applicant signature (same person as listed in Section 1)

Date