



Application for Aerial Lift Operator Certification

Certification Requirements

- Document at least 6 months experience as the designated operator of aerial lifts. (A trainee certification will be issued to applicants with less experience.)
- Pass a written examination.
- Possess physical ability to perform aerial lift tasks.

Caution: The written examination cannot be given if application is not complete and signed.

Application must be signed on page 2.

Name: _____

Company: _____

Company Address: _____

City: _____ State _____ Zip _____

Training Program Date: _____

Check aerial lift types for which you are applying for certification:

Aerial Lift Types: Manually Propelled (M) Scissor Lift (S) Vehicle-Mounted (V) Boom-Supported (B)

COMPANY: Crane Institute of America, Inc.

ADDRESS: 3880 Saint Johns Parkway, Sanford, FL 32771

SUPERVISOR'S NAME AND TELEPHONE #: John Smith 407-322-6800

TYPE:	MANUFACTURER:	DATES: (month & year): FROM-TO
B	Genie	8/02 to 4/04
S	Grove	1/01 to 3/05
B	JLG	6/03 to 5/07

1. COMPANY:

ADDRESS:

SUPERVISOR'S NAME AND TELEPHONE #:

TYPE:	MANUFACTURER:	DATES: (month & year): FROM-TO

2. COMPANY:

ADDRESS:

SUPERVISOR'S NAME AND TELEPHONE #:

TYPE:	MANUFACTURER:	DATES: (month & year): FROM-TO

List any additional experience on the back of this page.

Total Years Operating Experience _____

Please check the box for the following questions YES or NO.	Y	N
■ Do you have any physical limitations that would interfere with the ability to physically operate an aerial lift safely?		
■ Have you had prior training as an aerial lift operator?		
■ Do you hold any current aerial lift operator credentials?		
■ Have you been involved in an aerial lift accident?		
■ If yes to any of above, explain: _____ _____ _____		

The above information is a true and accurate statement of my work experience. I accept full responsibility for any information that is not true.

Applicant Signature: _____ **Date:** _____

THIS SECTION TO BE COMPLETED BY APPLICANT’S SUPERVISOR

_____ has demonstrated before a qualified person proficiency in operating an aerial lift for which application is made. This includes being able to preform both pre-start and post-start inspection, maneuvering skills, shutdown and securing procedures, as well as the ability to practically operate, set-up, assemble/disassemble attachments, and drive aerial lifts in a safe and qualified manner. Applicant has read and comprehends the operators manual and understands all operating characteristics of each specific aerial lift operated. Applicant is also familiar with the use and care of the fire extinguishers provided. Applicant meets the aerial lift experience requirement to apply for certification.

Employer’s Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: (_____) _____

Supervisor’s Name and Title: _____

Supervisor’s Signature: _____ **Date:** _____