



# Application for Aerial Lift Inspector Certification

## Certification Requirements

- Document at least 2 years working experience with aerial lifts in a capacity of operation, maintenance, repair, inspection, safety or supervision. (A trainee certification will be issued to applicants with less experience.)
- Pass a written examination.
- Possess physical ability to perform aerial lift inspections.

**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: \_\_\_\_\_

**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 required to perform aerial lift inspections?	<input type="checkbox"/>	<input type="checkbox"/>

**Please supply the name of your employer(s), employment dates by month and year, type(s) of aerial lifts and specific duties you performed relative to aerial lifts.**

*Use back side of form to provide additional information.*

EMPLOYER		
<b>COMPANY:</b> Crane Institute of America, Inc.	<b>DATES:</b> (month & year) FROM-TO 01/00 to 03/06	<b>TEL. #:</b> 407-322-6800
<b>ADDRESS:</b> 3880 Saint Johns Parkway	<b>CITY, STATE, ZIP:</b> Sanford, FL 32771	
<b>WORK EXPERIENCE PERTAINING TO AERIAL LIFTS:</b> Operated, performed pre-shift inspections, performed preventive maintenance, and made minor repairs on aerial lifts.		

EMPLOYER		
<b>COMPANY:</b>	<b>DATES:</b> (month & year): FROM-TO	<b>TEL. #:</b>
<b>ADDRESS:</b>	<b>CITY, STATE, ZIP:</b>	
<b>WORK EXPERIENCE PERTAINING TO AERIAL LIFTS:</b>		

EMPLOYER		
<b>COMPANY:</b>	<b>DATES:</b> (month & year): FROM-TO	<b>TEL. #:</b>
<b>ADDRESS:</b>	<b>CITY, STATE, ZIP:</b>	
<b>WORK EXPERIENCE PERTAINING TO AERIAL LIFTS:</b>		

<b>EMPLOYER</b>		
<b>COMPANY:</b>	<b>DATES:</b> (month & year) FROM-TO	<b>TEL. #:</b>
<b>ADDRESS:</b>	<b>CITY, STATE, ZIP:</b>	
<b>WORK EXPERIENCE PERTAINING TO AERIAL LIFTS:</b>		

<b>EMPLOYER</b>		
<b>COMPANY:</b>	<b>DATES:</b> (month & year) FROM-TO	<b>TEL. #:</b>
<b>ADDRESS:</b>	<b>CITY, STATE, ZIP:</b>	
<b>WORK EXPERIENCE PERTAINING TO AERIAL LIFTS:</b>		

<b>EMPLOYER</b>		
<b>COMPANY:</b>	<b>DATES:</b> (month & year) FROM-TO	<b>TEL. #:</b>
<b>ADDRESS:</b>	<b>CITY, STATE, ZIP:</b>	
<b>WORK EXPERIENCE PERTAINING TO AERIAL LIFTS:</b>		

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:** \_\_\_\_\_