



Application for Overhead/Gantry Crane Operator Certification

Certification Requirements

- Document at least 2 years experience as the designated operator of overhead/gantry cranes. (A trainee certification will be issued to applicants with less experience.)
- Pass a written examination.
- Meet ASME B30.2 physical qualifications (applicable to cab/pulpit-operated cranes only).

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 crane types which you are applying for certificate of qualification:

Types: Cab/Pulpit (C) Pendant (P) Remote (R)

COMPANY NAME: Crane Institute of America, Inc.		
ADDRESS: 3880 Saint Johns Parkway, Sanford, FL 32771		
SUPERVISOR'S NAME AND TELEPHONE #: Richard Reiley, 407-322-6800		
TYPE:	MANUFACTURER:	DATES: (month & year): FROM-TO
C	KRANCO	6/1/01 to 9/30/04
P	P&H	10/15/04 to present

1. COMPANY NAME:		
ADDRESS:		
SUPERVISOR'S NAME AND TELEPHONE #:		
TYPE:	MANUFACTURER:	DATES: (month & year): FROM-TO

2. COMPANY NAME:		
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 of Experience _____

SECTION TO BE COMPLETED BY APPLICANT'S SUPERVISOR

_____ has demonstrated before a qualified person proficiency in
(Applicant's Name) the operation of the type overhead crane(s) for which
application is made, which includes pre-start and post-start inspection, maneuvering skills, shutdown and securing
procedures, traveling overhead cranes, and use of fire extinguishers. Also, applicant meets the experience
requirement to apply for certification.

Employer's Name: _____ Telephone: (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone: (_____) _____

Supervisor's Name and Title (Please print) Supervisor's Signature Date

**ASME B30.2 PHYSICAL REQUIREMENTS
CAB/PULPIT-OPERATED CRANES**

- (b) Operators and operator trainees shall meet the following physical requirements:
 - (1) have vision of at least 20/30 Snellen in one eye, and 20/50 Snellen in the other, with or without corrective lenses.
 - (2) be able to distinguish colors, regardless of position of colors, if color differentiation is required for operation.
 - (3) be able to hear, with or without hearing aid, adequately for a specific operation.
 - (4) have sufficient strength, endurance, agility, coordination, and speed of reaction to meet the demands of equipment operation.
 - (5) not have evidence of physical defects, or emotional instability that could render a hazard to the operator or others, or which, in the opinion of the examiner, could interfere with the operator's performance. Evidence of such conditions may be cause for disqualification. In such cases, specialized clinical or medical judgments and tests may be required.
 - (6) not have evidence of being subject to seizures or loss of physical control. Evidence of such conditions shall be reason for disqualification. Specialized medical tests may be required to determine these conditions.
- (c) Operators and operator trainees should have normal depth perception, field of vision, reaction time, manual dexterity, coordination, and no tendencies to dizziness or similar undesirable conditions.

APPLICATION MUST BE SIGNED BY APPLICANT

Under the penalties of perjury, I attest that the information I provided on this application is true. I attest that I have passed a substance abuse test conducted by a drug testing laboratory. I attest that I have passed a physical examination which meets the physical requirements that complies with the ASME B30.2 or have a current CDL, copy attached.

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

Applicant Signature: _____ **Date:** _____