



Application for Rigger Certification

Certification Requirements

- Document at least 2 years work experience listing the types of loads rigged and the rigging equipment that was used. (A trainee certification will be issued to applicants with less experience.)
- Pass a written examination.
- Possess physical ability to perform rigging 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: _____

Please supply the name of your employer(s), employment dates by month & year. Check the types of loads you rigged and rigging equipment used to perform your job.

Use back side of form to provide additional information.

EMPLOYER		
COMPANY: Crane Institute of America, Inc.	DATES: (month & year): FROM-TO 01/00 to 03/06	TEL. #: 407-322-6800
ADDRESS: 3880 Saint Johns Parkway	CITY, STATE, ZIP: Sanford, FL 32771	
TYPES OF LOADS RIGGED: <input checked="" type="checkbox"/> structural steel <input type="checkbox"/> construction materials <input checked="" type="checkbox"/> maintenance equipment (Example: pumps, electric motors, pipe, lumber, bar joists, beams, girders, pre-stress concrete panels)		
RIGGING EQUIPMENT UTILIZED (check all that were used): <input type="checkbox"/> wire rope <input checked="" type="checkbox"/> metal slings <input checked="" type="checkbox"/> non-metal slings		
<input type="checkbox"/> chain hoists <input checked="" type="checkbox"/> come alongs <input type="checkbox"/> snatch blocks <input checked="" type="checkbox"/> wedge sockets <input type="checkbox"/> clips <input checked="" type="checkbox"/> hooks <input checked="" type="checkbox"/> shackles <input checked="" type="checkbox"/> eyebolts		
<input type="checkbox"/> hoist rings <input type="checkbox"/> load blocks <input type="checkbox"/> plate clamps <input checked="" type="checkbox"/> lifting beams Other (list):		

EMPLOYER		
COMPANY:	DATES: (month & year): FROM-TO	TEL. #:
ADDRESS:	CITY, STATE, ZIP:	
TYPES OF LOADS RIGGED: <input type="checkbox"/> structural steel <input type="checkbox"/> construction materials <input type="checkbox"/> maintenance equipment (Example: pumps, electric motors, pipe, lumber, bar joists, beams, girders, pre-stress concrete panels)		
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EMPLOYER		
COMPANY:	DATES: (month & year): FROM-TO	TEL. #:
ADDRESS:	CITY, STATE, ZIP:	
TYPES OF LOADS RIGGED: <input type="checkbox"/> structural steel <input type="checkbox"/> construction materials <input type="checkbox"/> maintenance equipment (Example: pumps, electric motors, pipe, lumber, bar joists, beams, girders, pre-stress concrete panels)		
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<input type="checkbox"/> hoist rings <input type="checkbox"/> load blocks <input type="checkbox"/> plate clamps <input type="checkbox"/> lifting beams Other (list):		

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 rigging tasks safely?		
■ Have you had prior formal training to be a rigger? By whom?		
■ Do you hold any current rigger certification credentials? By whom?		
■ If yes to any of above, explain:		

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:** _____

THIS SECTION TO BE COMPLETED BY APPLICANT'S SUPERVISOR

_____ has demonstrated before a qualified person proficiency
 (Applicant's Name) in performing rigging tasks for which application is made.
 This includes rigging equipment inspections, calculating loading created by angles, selection of the correct equipment for application, movement of loads and hand signals. Applicant has read and comprehends instructions for rigging equipment used and understands all characteristics of rigging equipment utilized. Applicant meets the rigging experience requirement to apply for certification.

Employer's Name: _____

Address: _____

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

Supervisor's Name and Title: _____

Supervisor's Signature: _____ **Date:** _____