



Application for Tower Crane Inspector Certification

Certification Requirements

- Document at least 3 years working experience with tower cranes 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 crane 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 crane inspections?	<input type="checkbox"/>	<input type="checkbox"/>
■ Have you had prior formal training on tower crane inspection? By whom?	<input type="checkbox"/>	<input type="checkbox"/>
■ Do you hold any current inspector certification credentials? By whom?	<input type="checkbox"/>	<input type="checkbox"/>

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

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: 3800 Saint Johns Parkway	CITY, STATE, ZIP: Sanford, FL 32771	
SPECIFIC JOB DUTIES: Performed inspection and maintenance, conducted load tests, and supervised operators of hammerhead and luffing tower cranes, both fixed-base and free-standing and self-erecting tower cranes.		

EMPLOYER		
COMPANY:	DATES: (month & year): FROM-TO	TEL. #:
ADDRESS:	CITY, STATE, ZIP:	
SPECIFIC JOB DUTIES:		

EMPLOYER		
COMPANY:	DATES: (month & year): FROM-TO	TEL. #:
ADDRESS:	CITY, STATE, ZIP:	
SPECIFIC JOB DUTIES:		

EMPLOYER		
COMPANY:	DATES: (month & year) FROM-TO	TEL. #:
ADDRESS:	CITY, STATE, ZIP:	
SPECIFIC JOB DUTIES:		

EMPLOYER		
COMPANY:	DATES: (month & year) FROM-TO	TEL. #:
ADDRESS:	CITY, STATE, ZIP:	
SPECIFIC JOB DUTIES:		

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

Applicant Signature: _____ **Date:** _____