



Submit:

- Signed application (in ink)
- Check or money order for fee due
- GO-1, Appendix to a license

Control no.	Cert no.	Expires

Application for Crane Operator's Certificate of Competence

1. Social Security Number		2. Last name of applicant		First	Middle initial
3. NYS DMV license or ID number					
4. Street and number					
5. City, Town, Village		State	6. Date of birth		7. Physical characteristics a. Height: ____ Ft. ____ In. b. Weight: ____ Lbs. c. Hair color _____ d. Eye color _____
8. Zip code		9. County			
10. Telephone Home () _____ Work () _____					
11. List any crane license/certificate issued to you by a government agency or organization. Include name of issuing authority, date of issue and class of license/certificate.					
12a. Do you have a physical handicap or illness, such as epilepsy, heart disease, or an uncorrected defect in vision or hearing, that might diminish your ability to operate a crane? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12b. If you answered "Yes," please explain: _____					
To complete this form, you must provide certain personal information. The authority to collect this information is found in the New York State Labor Law. We will maintain this information and use it to process the application you are filing with the License & Certificate Unit. If you don't provide this information we cannot process your application.					
I understand that by signing this, I grant permission to the Commissioner of Labor to provide access to my Unemployment Insurance (U.I.) benefit file.					
I hereby make application for a Certificate of Competence as a crane operator and certify that the information on both sides of this application is correct to the best of my knowledge. I authorize the DOL and the DMV to produce an ID card bearing my DMV photo. I understand that DOL will send this card to the address I maintain with DOL. I also understand that DOL and DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with the DOL.					
13. Date			14. Signature		

Approved _____ Date	A. Conventional <input type="checkbox"/> D. Restricted boom truck <input type="checkbox"/> B. Hydraulic <input type="checkbox"/> E. Reserved C. Boom truck <input type="checkbox"/> F. Line Truck <input type="checkbox"/>
By _____ Signature	

15. Work Experience. We will verify your experience claims.

Crane Employer's Name and Mailing Address (Include Apprenticeship Training)	Employed in the Operation and Maintenance of a Crane				Average Number of Weeks Worked per Year	Duties		Crane Types Operated*				
	From		To		Hours per Week (Average) Worked		*Indicate the average percentage of time worked for each type of crane that you operated.					
	Mo.	Yr.	Mo.	Yr.	Operate	Maint.	Cable (Lattice Boom Conventional Friction)	Hydraulic (Cherry- Picker)	Boom Truck	Restroom Boom Truck (Sign- Hanger)	Line Truck (Digger Derrick)	

16. Training program(s) attended. Explain: Crane Schools; Management Courses; Military; Other.

17. Choose a crane type for the practical exam. Select a crane you have adequate experience operating.

- ☐ A. Conventional a.k.a. Lattice Boom, Friction, Cable. This includes all cranes having free-fall capability. Class A allows operation of any crane.
- ☐ B. Hydraulic a.k.a. Cherry-Picker (telescopic boom, swinging cab type, no max. mfg. rating). This also includes self-erecting tower cranes.
Class B allows operation of B,C and D.
- ☐ C. Boom Truck (telescopic boom, truck-mounted, operator normally stands, 28-ton max. mfg. rating capacity). Class C allows operation of C & D.
- ☐ D. Restricted Boom Truck a.k.a. Sign-Hanger (max. 3-ton mfg. rated capacity, up to 125 feet of boom). Class D allows operation of D only.
- ☐ F. Line Truck a.k.a. Digger Derrick (electrical applications only, nonconductive tip and nylon rope, maximum 15-ton mfg. rated capacity, 65-foot maximum boom length). Class F allows operation of F only.

18. Request for Written Test Center location. Enter 1 after the city for your first choice. Enter 2 after the city for your second choice.
Please note that your choice is not guaranteed. The department may assign at its discretion.

Albany _____	Fredonia _____	Kingston _____	Nyack _____	Poughkeepsie _____	Syracuse _____
Binghamton _____	Hicksville _____	Middletown _____	Port Jefferson _____	Rochester _____	Utica _____
Buffalo _____		New York City _____	Station _____	Saranac Lake _____	