New York State Department of Labor
Division of Safety and Health
License & Certification Unit Room 161A
State Campus Building 12
Albany NY 12240
(518) 457-2735

Renewal Application For Crane Operator's Certificate of Competence

Print clearly

2. Last Name	First Name	MI	1. NYS DMV License or ID Number	
			3. Social Security No.	4. Certificate No.
5. Mailing Address (including city, state, and zip code)			6. Home Telephone	7. Work Telephone
			8. Color of Eyes	9. Color of Hair
			10. Weight	11. Height FT. IN.

12. How many months of crane operating experience have you had since your last application? _____

13. Have you been involved in any accidents while operating a crane which resulted in personal injury or property damage, including damage to the crane? ☐ No ☐ Yes If "Yes" please explain

_____

_____

_____

14. a. Do you or have you ever had epilepsy or heart disease? ☐ No ☐ Yes

14.b. Do you now suffer an uncorrected defect in vision, hearing or any other physical handicap? ☐ No ☐ Yes

14. c. If you answered "Yes" to either 14a or 14b, please explain _____

_____

_____

_____

I hereby apply for renewal of my Certificate of Competence as a crane operator and certify that the information on this form 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.

In order 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. This information will be maintained and used to process the application you are filing with the Worker Protection Central Processing Unit. Failure to provide this information may result in our inability to process your application. You also understand that by signing this you are granting permission to the Commissioner of Labor to provide access to your Unemployment Insurance (U.I.) benefit file.

_____ 15. Date

_____ 16. Signature of Applicant

For Office Use Only

17. Remarks

18. Disposition

a. ☐ Granted b. ☐ Denied

c. Reviewer's initials _____ d. Date _____

Prepare in Duplicate - Keep One Copy For Your Records