



# Application for Initial Certification

## Operating Engineers Certification Program

### Signalperson -- Rigger

We greatly appreciate your interest in applying for recertification with the Operating Engineers Certification Program (OECP). Both the Signalperson, Rigger, Advanced Rigger-Assembly/Disassembly Director Candidate Manual and the following instructions should be read and clearly understood before completing the application.

*Failure to accurately and completely prepare the application--including failure to submit the required documents as listed--will result in your application being rejected and returned to you in its entirety.*

#### **Print these instructions and forms for completing the recertification application**

Use a black ballpoint ink pen to PRINT the required information in the appropriate application sections.

#### **Specific instructions for each application section**

NAME. Print your first name, middle name, and last name.

ADDRESS. Print the street number and street name where you receive your mail.

CITY. Print the name of the city associated with your mailing address.

STATE. Print the name of the state associated with your mailing address.

ZIP. Print the zip code associated with your mailing address.

TELEPHONE NUMBER. Print the PRIMARY telephone number where you can be reached.

LOCAL UNION NO. Print your local union number of your home IUOE local.

IUOE REGISTRATION NUMBER. Print your seven digit permanent IUOE registration number.

SOCIAL SECURITY NUMBER. Print the last four (4) digits of your social security number.

DATE OF BIRTH. Print your date of birth using the format MM/DD/YYYY, i.e. , 05/30/1965.

EMAIL ADDRESS. Print your email address.

VERIFICATION STATEMENT. Read and understand this statement.

APPLICANT SIGNATURE. Sign your name using your legal signature. Note: Failure to sign will result in your application being rejected and returned to you in its entirety.

DATE. Print the date the application was completed Note: Failure to date this application will result in it being rejected and returned to you in its entirety.

EXPERIENCE REFERENCE. Print reference information in the appropriate sections. **Do not leave any sections blank.** List the number of hours of actual crane Signalperson -- Rigger experience for each crane type in the appropriate sections. Signalperson -- Rigger experience must have been acquired experience and/or training in the past five (5) years. Print zero (0) hours in any sections for which you do not have the specific Signalperson -- Rigger experience for that crane type. Page 2 of the application may be copied to list more references, if necessary.

PAGE 3. Complete each section of page 3. Either scan and email or mail by regular USPS mail, with the completed application, along with copies of the required documents as listed on page 3, to the address indicated.

**NOTE: Failure to complete page 3 and include copies of the required documents or information will result in your application being rejected and returned to you in its entirety.**

**PLEASE CALL THE OECP OFFICE IF YOU HAVE ANY QUESTIONS ON COMPLETING YOUR APPLICATION**  
Tel: 951-351-4001  
[www.oecp.org](http://www.oecp.org)





# Application for Initial Certification Signalperson -- Rigger

**PLEASE PRINT CLEARLY**

NAME: <i>FIRST</i> <span style="margin-left: 150px;"><i>MIDDLE</i></span> <span style="margin-left: 150px;"><i>LAST</i></span>				
ADDRESS				
CITY		STATE	ZIP	TELEPHONE NUMBER
LOCAL UNION NO.	IUOE REGISTRATION NUMBER	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER <b>XXX - XX -</b>		SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH (MM/DD/YYYY)		EMAIL ADDRESS		
<p><b>VERIFICATION STATEMENT</b>          My signature below verifies I have at least 500 hours of crane related Signalperson, and/or crane Rigger experience and/or training in the last five (5) years, and that the information provided on this Application for Initial Certification Crane Signalperson, Rigger is accurate and true. Additionally, I have read and understand the certification process and meet the eligibility requirements for initial crane Signal certification as described in the OECP Crane Operator Candidate Manual and any willful misstatement or omission by me will void my application and/or certification(s). Incomplete applications or missing documents will result in the entire application and documents being returned.          I understand that any willful misstatement or omission by me will void my application and/or any subsequent certification(s)</p>				
CANDIDATE SIGNATURE			DATE	
REFERENCE (COMPANY OR TRAINING ORGANIZATION)				
ADDRESS				
CITY		STATE	ZIP	TELEPHONE
CONTACT NAME			TITLE	
APPROXIMATE DATES OF CRANE RELATED SIGNALPERSON -- RIGGER EXPERIENCE AND/OR TRAINING WITH THIS REFERENCE				
FOR EACH CRANE TYPE, LIST THE TOTAL NUMBER OF EXPERIENCE AND/OR TRAINING HOURS OBTAINED AS A SIGNALPERSON / RIGGER ON THE CRANE TYPES LISTED BELOW. INCLUDE EACH REFERENCE, FOR THE PAST FIVE (5) YEARS.				
<u><b>BOOM TRUCK HOURS</b></u>	<u><b>LATTICE HOURS</b></u>	<u><b>OVERHEAD HOURS</b></u>	<u><b>TELESCOPIC HOURS</b></u>	<u><b>TOWER HOURS</b></u>

**FOR ADDITIONAL REFERENCES SEE NEXT PAGE**



**Initial Candidate Experience Form (continued)**

REFERENCE (COMPANY OR TRAINING ORGANIZATION)				
ADDRESS				
CITY	STATE	ZIP	TELEPHONE	
CONTACT NAME			TITLE	
APPROXIMATE DATES OF CRANE RELATED SIGNALPERSON -- RIGGER EXPERIENCE AND/OR TRAINING WITH THIS REFERENCE				
FOR EACH CRANE TYPE, LIST THE TOTAL NUMBER OF EXPERIENCE AND/OR TRAINING HOURS OBTAINED AS A SIGNALPERSON / RIGGER ON THE CRANE TYPES LISTED BELOW. INCLUDE EACH REFERENCE, FOR THE PAST FIVE (5) YEARS.				
<u>BOOM TRUCK HOURS</u>	<u>LATTICE HOURS</u>	<u>OVERHEAD HOURS</u>	<u>TELESCOPIC HOURS</u>	<u>TOWER HOURS</u>
REFERENCE (COMPANY OR TRAINING ORGANIZATION)				
ADDRESS				
CITY	STATE	ZIP	TELEPHONE	
CONTACT NAME			TITLE	
APPROXIMATE DATES OF CRANE RELATED SIGNALPERSON -- RIGGER EXPERIENCE AND/OR TRAINING WITH THIS REFERENCE				
FOR EACH CRANE TYPE, LIST THE TOTAL NUMBER OF EXPERIENCE AND/OR TRAINING HOURS OBTAINED AS A SIGNALPERSON / RIGGER ON THE CRANE TYPES LISTED BELOW. INCLUDE EACH REFERENCE, FOR THE PAST FIVE (5) YEARS.				
<u>BOOM TRUCK HOURS</u>	<u>LATTICE HOURS</u>	<u>OVERHEAD HOURS</u>	<u>TELESCOPIC HOURS</u>	<u>TOWER HOURS</u>

**COPY THIS PAGE TO DOCUMENT ADDITIONAL EXPERIENCE, IF NECESSARY**

**Initial Candidate Experience Form (continued)**

**PLEASE ANSWER THE BELOW QUESTIONS**

**CERTIFICATION TYPES**

Signalperson

Rigger

**If applying for the Signalperson and/or Rigger Examinations,** In the past five (5) years, I can document at least 500 hours of crane related Signalperson -- Rigger experience and/or training?\* Yes  No

\*Per the OECP Signalperson, Rigger, Advanced Rigger-Assembly/Disassembly Director Candidate Manual, page 3, Eligibility, in the past five (5) years.

**DID YOU INCLUDE THE FOLLOWING WITH YOUR APPLICATION?**

A copy of a government issued photo identification. Yes

A copy of your IUOE membership card (or verifiable dues receipt) with evidence that you are paid thru the current month. Yes

A completed OECP Application for Initial Certification. Yes

Please send your completed application and documents listed above to:

If scanned and emailed to:  
applications@oecp.org

If by U.S. Postal Service:  
Operating Engineers Certification Program  
4210 Riverwalk Parkway, Suite 330  
Riverside, CA 92505-3305

*Note:* OECP will not accept facsimiles (faxes) or photos of applications or any required documents

**THIS PAGE MUST BE COMPLETED AND RETURNED WITH THE APPLICATION AND DOCUMENTS**