



# Application for Initial Certification

## Operating Engineers Certification Program

### Crane Operator

We greatly appreciate your interest in applying for crane operator certification with the Operating Engineers Certification Program (OECP). Both the Crane Operator 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.*

#### **Instructions for completing the application**

Use a 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 your 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 (do not use a shared 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 related experience for each crane type in the appropriate sections. Related experience must have been acquired in the previous five (5) years. Print zero (0) in any sections for which you do not have the specific crane type experience. Page 2 of the application may be copied to list more references, if necessary.

PAGE 3. Complete all three (3) sections and mail 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 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**





# Application for Initial Certification Crane Operator

**PLEASE PRINT CLEARLY**

NAME: <i>FIRST</i>					<i>MIDDLE</i>					<i>LAST</i>				
ADDRESS														
CITY					STATE			ZIP		TELEPHONE NUMBER				
LOCAL UNION NO.			IUOE REGISTRATION NUMBER			SOCIAL SECURITY – LAST FOUR (4) DIGITS					SEX			
						XXX – XX –					MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			
DATE OF BIRTH (MM/DD/YYYY)					EMAIL ADDRESS									
<b>VERIFICATION STATEMENT</b> My signature below verifies I have at least 1,000 hours of crane related experience and/or training in the last five (5) years, and that the information provided on this Application for Initial Certification as a Crane Operator is accurate and true. If applying for tower crane operator certification, at least 500 hours of these 1,000 hours must be specific to tower crane related experience and/or training. I also give permission for representatives of the OECP to contact the listed references to confirm my experience and/or training. Additionally, I have read and understand the certification process and meet the eligibility requirements for initial crane operator 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.														
APPLICANT SIGNATURE										DATE				
EXPERIENCE REFERENCE (COMPANY OR TRAINING ORGANIZATION)														
ADDRESS														
CITY					STATE			ZIP		TELEPHONE NUMBER				
CONTACT NAME										TITLE				
APPROXIMATE DATES OF CRANE RELATED EXPERIENCE AND/OR TRAINING WITH THIS REFERENCE DURING LAST FIVE (5) YEARS														
FOR EACH CRANE TYPE, LIST THE TOTAL NUMBER OF EXPERIENCE AND/OR TRAINING HOURS OBTAINED AT THIS REFERENCE DURING THE LAST FIVE (5) YEARS.														
<u>BOOM TRUCK HOURS</u>			<u>LATTICE HOURS</u>			<u>OVERHEAD HOURS</u>			<u>TELESCOPIC HOURS</u>			<u>TOWER HOURS</u>		

**FOR ADDITIONAL EXPERIENCE DOCUMENTATION SEE NEXT PAGE**

**Application for Initial Certification – Crane Operator (continued)**

EXPERIENCE REFERENCE (COMPANY OR TRAINING ORGANIZATION)				
ADDRESS				
CITY	STATE	ZIP	TELEPHONE NUMBER	
CONTACT NAME			TITLE	
APPROXIMATE DATES OF CRANE RELATED EXPERIENCE AND/OR TRAINING WITH THIS REFERENCE DURING LAST FIVE (5) YEARS				
FOR EACH CRANE TYPE, LIST THE TOTAL NUMBER OF EXPERIENCE AND/OR TRAINING HOURS OBTAINED AT THIS REFERENCE DURING THE LAST FIVE (5) YEARS.				
<u>BOOM TRUCK HOURS</u>	<u>LATTICE HOURS</u>	<u>OVERHEAD HOURS</u>	<u>TELESCOPIC HOURS</u>	<u>TOWER HOURS</u>
EXPERIENCE REFERENCE (COMPANY OR TRAINING ORGANIZATION)				
ADDRESS				
CITY	STATE	ZIP	TELEPHONE NUMBER	
CONTACT NAME			TITLE	
APPROXIMATE DATES OF CRANE RELATED EXPERIENCE AND/OR TRAINING WITH THIS REFERENCE DURING LAST FIVE (5) YEARS				
FOR EACH CRANE TYPE, LIST THE TOTAL NUMBER OF EXPERIENCE AND/OR TRAINING HOURS OBTAINED AT THIS REFERENCE DURING THE LAST FIVE (5) YEARS.				
<u>BOOM TRUCK HOURS</u>	<u>LATTICE HOURS</u>	<u>OVERHEAD HOURS</u>	<u>TELESCOPIC HOURS</u>	<u>TOWER HOURS</u>

**PRINT THIS PAGE TO DOCUMENT ADDITIONAL EXPERIENCE, IF NECESSARY  
(If left blank, this page is not required to be submitted with page 1 and 3)**

**Application for Initial Certification – Crane Operator (continued)**

<b>CERTIFICATIONS FOR WHICH YOU ARE APPLYING</b> (More than one can be selected – see Crane Operator Candidate Manual)	<b>PLEASE ANSWER THE BELOW QUESTIONS</b> (leave blank if not applicable)
<p style="text-align: center;"><b>CRANE TYPES</b></p> <p><input type="checkbox"/> Lattice Boom Crane (Truck &amp; Crawler)</p> <p><input type="checkbox"/> Telescopic Boom Crane</p> <p><input type="checkbox"/> Boom Truck Crane</p> <p><input type="checkbox"/> Overhead</p> <p><input type="checkbox"/> Tower Crane</p>	<p><b>If Applying for the Mobile and/or Overhead Crane Examinations</b>                      In the past five (5) years, I can document at least 1,000 hours of crane related experience and/or training.      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If Applying for Tower Crane Examination</b>                      In the past five (5) years, I can document at least 1,000 hours of crane related experience and/or training, of which, at least 500 hours is specific to tower crane related experience and/or training.      Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p style="text-align: center;"><b>DID YOU INCLUDE THE FOLLOWING WITH YOUR APPLICATION?</b></p> <p>A copy of a government issued photo identification. <span style="float: right;">Yes <input type="checkbox"/></span></p> <p>A copy of your IUOE membership card (or verifiable dues receipt) with evidence that you are paid thru the current month. <span style="float: right;">Yes <input type="checkbox"/></span></p> <p>A copy of a valid DOT or DMV Medical Card or a Medical Examiners Report. <span style="float: right;">Yes <input type="checkbox"/></span></p> <p>A copy of a Substance Abuse Test from a recognized laboratory (no older than 90 days upon receipt by the OECP). <span style="float: right;">Yes <input type="checkbox"/></span></p> <p>A completed OECP Application for Initial Certification. <span style="float: right;">Yes <input type="checkbox"/></span></p>	
<p style="text-align: center;">Please send your completed application and documents listed above to:</p> <p style="text-align: center;">By email:                      applications@oecp.org</p> <p style="text-align: center;">By USPS mail:                      Operating Engineers Certification Program                      4210 Riverwalk Parkway, Suite 330                      Riverside, CA 92505-3305</p> <p style="text-align: center;">Attention: Certification Director</p>	

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