



Application for Recertification

Operating Engineers Certification Program

Crane Operator

We greatly appreciate your interest in applying for recertification 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.

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 operating experience (seat time) for each crane type in the appropriate sections. Operating experience must have been acquired during your current certification period. Print zero (0) hours in any sections for which you do not have the specific crane type operating 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 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



Application for Recertification 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 XXX – XX –		SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DATE OF BIRTH (MM/DD/YYYY)	E-MAIL ADDRESS			
VERIFICATION STATEMENT My signature below verifies I have at least 1,000 hours of operating experience since receiving my current certification(s) in each specific crane type for which recertification is sought--as indicated on this application--and that the information provided on this Recertification Application is accurate and true. I also give permission for representatives of the OECP to contact the listed references to confirm my certification status and operating experience. Additionally, I understand that I have read and understand all requirements related to recertification as described in the OECP Crane Operator Candidate Manual and any willful misstatement or omission by me will void my application and/or any subsequent certification(s).				
APPLICANT SIGNATURE			DATE	
EXPERIENCE REFERENCE				
ADDRESS				
CITY		STATE	ZIP	TELEPHONE NUMBER
CONTACT NAME			TITLE	
APPROXIMATE DATES OF EMPLOYMENT WITH THIS REFERENCE				
FOR EACH CRANE TYPE, LIST THE TOTAL NUMBER OF OPERATING HOURS OBTAINED AT THIS REFERENCE DURING YOUR CURRENT CERTIFICATION PERIOD.				
<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 Recertification (continued)

EXPERIENCE REFERENCE				
ADDRESS				
CITY	STATE	ZIP	TELEPHONE NUMBER	
CONTACT NAME			TITLE	
APPROXIMATE DATES OF EMPLOYMENT WITH THIS REFERENCE				
FOR EACH CRANE TYPE, LIST THE TOTAL NUMBER OF OPERATING HOURS OBTAINED AT THIS REFERENCE DURING YOUR CURRENT CERTIFICATION PERIOD.				
<u>BOOM TRUCK HOURS</u>	<u>LATTICE HOURS</u>	<u>OVERHEAD HOURS</u>	<u>TELESCOPIC HOURS</u>	<u>TOWER HOURS</u>
EXPERIENCE REFERENCE				
ADDRESS				
CITY	STATE	ZIP	TELEPHONE NUMBER	
CONTACT NAME			TITLE	
APPROXIMATE DATES OF EMPLOYMENT WITH THIS REFERENCE				
FOR EACH CRANE TYPE, LIST THE TOTAL NUMBER OF OPERATING HOURS OBTAINED AT THIS REFERENCE DURING YOUR CURRENT CERTIFICATION PERIOD.				
<u>BOOM TRUCK HOURS</u>	<u>LATTICE HOURS</u>	<u>OVERHEAD HOURS</u>	<u>TELESCOPIC HOURS</u>	<u>TOWER HOURS</u>

MAKE A COPY THIS PAGE TO DOCUMENT ADDITIONAL EXPERIENCE, IF NECESSARY

