



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.

Instructions for completing the application

Print this page and the three (3) application pages that follow. 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 (please 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 actual safe 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 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	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER 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



Application for Recertification (continued)

RECERTIFICATIONS FOR WHICH YOU ARE APPLYING (More than one can be selected – see Crane Operator Candidate Manual)		
CRANE TYPES & EQUIVALENCY - RECERTIFICATION EXPERIENCE (check appropriate boxes)		
<input type="checkbox"/> Lattice Boom Crane (Equivalency = Truck / Crawler Hydraulic & Friction)	1,000 hours of operating experience since last certification	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Telescopic Boom Crane (Equivalency = Hydraulic Large / Medium / Small – Fixed & Swing Cab)	1,000 hours of operating experience since last certification	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Boom Truck Crane (Equivalency = Hydraulic Commercial Truck / Carry Deck – Fixed Cab)	1,000 hours of operating experience since last certification	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Overhead Crane (Equivalency = Overhead/Gantry Cab Mount and / or Pendant Operated)	1,000 hours of operating experience since last certification	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Tower Crane (Equivalency = Hammerhead / Luffer)	1,000 hours of operating experience since last certification	Yes <input type="checkbox"/> No <input type="checkbox"/>
DID YOU INCLUDE THE FOLLOWING WITH YOUR APPLICATION?		
A copy of a government issued photo identification.		Yes <input type="checkbox"/>
A copy of your IUOE membership card showing dues paid thru the current month.		Yes <input type="checkbox"/>
A copy of a valid DOT or DMV Medical Card or DOT or DMV Medical Form.		Yes <input type="checkbox"/>
A copy of a Substance Abuse Test from a recognized laboratory (no older than 90 days from acceptance date by the OECF).		Yes <input type="checkbox"/>
A completed OECF Crane Operator Recertification Application.		Yes <input type="checkbox"/>
A legible copy of both sides of a valid accredited crane operator certification showing crane type(s) certified.		Yes <input type="checkbox"/>
<p>Please scan and email, or mail via U.S. Postal Service, your completed application and the required documents listed above to:</p> <p style="text-align: center;"> If scanned and emailed to: applications@oecp.org </p> <p style="text-align: center;"> If by U.S. Postal Service: Operating Engineers Certification Program 4210 Riverwalk Parkway, Suite 130 Riverside, California 92505-3368 </p> <p><i>Note:</i> OECF will not accept facsimiles (faxes) or photos of applications or any required documents</p>		

THIS PAGE MUST BE RETURNED WITH THE APPLICATION AND DOCUMENTS

