



Application for Mobile Crane Inspector Certification

Certification Requirements

- Document at least 3 years work experience with mobile cranes in a capacity of operation, maintenance, repair, inspection, safety, training or supervision. (A trainee certification will be issued to applicants with less experience).
- Pass a written examination.
- Possess physical ability to perform mobile crane inspections.

Caution: The written examination cannot be given if application is not complete and signed.

Application must be signed on page 2.

Name: _____

Company: _____

Company Address: _____

City: _____ State _____ Zip _____

Training Program Date: _____

| Please check the box for the following questions YES or NO. | Y | N |
|---|--------------------------|--------------------------|
| ■ Do you have any physical limitations that would prevent you from performing mobile crane inspections? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Have you had prior formal training on mobile crane inspection? By whom? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Do you hold any current inspector certification credentials? By whom? | <input type="checkbox"/> | <input type="checkbox"/> |

Please supply the name of your employer(s), employment dates by month and year, and specific work experience with mobile cranes.

Use back side of form to provide additional information

| EMPLOYER | | |
|--|--|-----------------------------|
| COMPANY: Crane Institute of America, Inc. | DATES: (month & year): FROM-TO 01/00 to 03/06 | TEL. #: 407-322-6800 |
| ADDRESS: 3800 Saint Johns Parkway | CITY, STATE, ZIP: Sanford, FL 32771 | |
| WORKING EXPERIENCE PERTAINING TO MOBILE CRANES: Operated mobile cranes, performed pre-operational, monthly and annual inspections, preventative maintenance and repairs. Responsible for supervision, training and safety of mobile crane operators and trainees. | | |

| EMPLOYER | | |
|--|---|----------------|
| COMPANY: | DATES: (month & year): FROM – TO | TEL. #: |
| ADDRESS: | CITY, STATE, ZIP: | |
| WORKING EXPERIENCE PERTAINING TO MOBILE CRANES: | | |
| | | |

| EMPLOYER | | |
|--|---------------------------------------|----------------|
| COMPANY: | DATES: (month & year): FROM-TO | TEL. #: |
| ADDRESS | CITY, STATE, ZIP: | |
| WORKING EXPERIENCE PERTAINING TO MOBILE CRANES: | | |
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| | | |
|--|---|----------------|
| EMPLOYER | | |
| COMPANY: | DATES: (month & year): FROM-TO | TEL. #: |
| ADDRESS: | CITY, STATE, ZIP: | |
| WORKING EXPERIENCE PERTAINING TO MOBILE CRANES: | | |
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|--|---|----------------|
| EMPLOYER | | |
| COMPANY: | DATES: (month & year): FROM-TO | TEL. #: |
| ADDRESS: | CITY, STATE, ZIP: | |
| WORKING EXPERIENCE PERTAINING TO MOBILE CRANES: | | |
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|--|---|----------------|
| EMPLOYER | | |
| COMPANY: | DATES: (month & year): FROM-TO | TEL. #: |
| ADDRESS: | CITY, STATE, ZIP: | |
| WORKING EXPERIENCE PERTAINING TO MOBILE CRANES: | | |
| | | |
| | | |

The above information is a true and accurate statement of my work experience with mobile cranes. I accept full responsibility for any information that is not true.

Applicant Signature: _____ **Date:** _____