



Application for Rigging Equipment Inspector Certification

Certification Requirements

- Document at least 2 years experience listing the different types of rigging equipment that was used performing your job. (A trainee certification will be issued to applicants with less experience.)
- Pass a written examination.
- Possess physical ability to perform rigging equipment 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 interfere with the ability required to perform rigging equipment inspections?		
■ Have you had prior training on the inspection of rigging equipment? By whom?		
■ Do you hold any current inspection certification credentials? By whom?		

Please supply the name of your employer(s), employment dates by month & year and check the rigging equipment used to perform your job.

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: 3880 Saint Johns Parkway	CITY, STATE, ZIP: Sanford, FL 32771	
RIGGING EQUIPMENT UTILIZED (check all that were used): <input type="checkbox"/> wire rope <input checked="" type="checkbox"/> metal slings <input type="checkbox"/> non-metal slings		
<input type="checkbox"/> chain hoists <input checked="" type="checkbox"/> come alongs <input type="checkbox"/> snatch blocks <input type="checkbox"/> wedge sockets <input type="checkbox"/> u-bolt clips <input checked="" type="checkbox"/> hooks <input checked="" type="checkbox"/> shackles <input checked="" type="checkbox"/> eyebolts		
<input type="checkbox"/> hoist rings <input type="checkbox"/> load blocks <input checked="" type="checkbox"/> plate clamps <input checked="" type="checkbox"/> lifting beams Other (list):		

EMPLOYER		
COMPANY:	DATES: (month & year): FROM-TO	TEL. #:
ADDRESS:	CITY, STATE, ZIP:	
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The above information is a true and accurate statement of my rigging work experience. I accept full responsibility for any information that is not true.

Applicant Signature: _____ **Date:** _____