



Crane Operator Recertification Hours Verification Form

Recertification is valid for an additional five (5) years. CIC accepts the crane operating experience from other accredited operator certification programs which can be verified by crane type and capacity. **Operators with non-CIC initial certification(s) must complete the Documentation of Non-CIC Crane Operators Certifications form.**

Certified Operator Recertification Requirements

1. Provide a government-issued photo identification (passport, driver's license, etc.).
2. Comply with and sign the Code of Ethics and Substance Abuse Policies Agreement. The form is emailed to the operator from CIC Customer Service and also provided at testing.
3. Meet the physical qualification requirements (See Medical Verification Form).
4. Operators must pass the applicable exam(s) for the type and capacity levels of certification for which they are re-certifying. Operators may add additional certification(s) by taking applicable online exam(s) and a practical exam, if required.
5. The certified operator must document a minimum of 1,000 hours of safe operation over the previous five years on the highest crane type and capacity level for which the operator is applying. Hours of safe operation include crane operation, shift inspection, set-up, assembly/disassembly, travel, training. Operators with less than 1,000 hours of safe operation will be required to take a practical operating exam. **See Candidate Handbook for additional information.**
6. Any unsafe crane operation which results in accidents or incidents resulting in property damage, injuries or death to personnel, intoxication, substance abuse, or disciplinary action, etc., will require the operator to complete an Incident/Accident Report which will be reviewed by the CIC Quality Review Assurance Committee for approval or disapproval of recertification application.

If recertification requirements are not met, a practical exam is required in addition to the written recertification exams.

Remit to: help@bicert.com. For assistance, call 407.878.5590.

Section A: To be completed by Crane Operator		
1. First Name	MI	2. Last Name
3. Candidate ID (ZZZ-99999)	4. Employer	
Crane Information		
5. Make	6. Model	7. Max Capacity (in tons)
8. Crane Type and Capacity Level Operated (mark one): Type and Capacity Levels apply to both crawler and carrier-mounted cranes. <input type="checkbox"/> Telescoping Boom, under 21 Ton <i>(e.g., Service/Mechanic Truck, Digger-Derrick, and other TB < 21-ton cranes)</i> <input type="checkbox"/> Telescoping Boom, 21-75 Ton <input type="checkbox"/> Telescoping Boom, over 75 Ton <input type="checkbox"/> Lattice Boom, Crawler & Carrier <input type="checkbox"/> Articulating Boom Crane		9. Operating Station Type: (check one) <input type="checkbox"/> Fixed <input type="checkbox"/> Rotating
10. Hours logged over the last five years as the Certified Crane Operator on cranes within the Type and/or Capacity Level listed above:		_____ hours
11. I have been involved in an incident/accident relating to crane operations over the previous five years. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit the Incident/Accident Report to help@bicert.com. I hereby certify that all entries on this form are true and accurate. I understand that any falsification of this information may result in forfeiture of certification as a Certified Crane Operator. I also understand that all information on the application is subject to verification.		
12. Signature _____		13. Date _____
Section B: To be completed by Supervisor		
14. First Name	MI	15. Last Name
16. Email		
By signing below, I confirm that the above information is true and accurate. _____ 17. Signature 18. Date _____		