# 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 written 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 Commitee 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@cicert.com. For assistance, call 844-546-3362.**

## 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.

- ☐ Telescoping Boom, under 21 Ton *(Digger Derrick and Service/Mechanic Truck Cranes are included under TB<21 tons)*
- ☐ Telescoping Boom, 21-75 Ton
- ☐ Telescoping Boom, over 75 Ton
- ☐ Lattice Boom, Crawler & Carrier
- ☐ Articulating Boom Crane

9. Operating Station Type: (check one)

- ☐ Fixed
- ☐ 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. ☐ Yes ☐ No
***If yes, please submit the Incident/Accident Report to help@cicert.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 _____

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