



Crane Operator Recertification Hours Verification Form

Recertification is valid for an additional five (5) years. CIC will recertify crane operators with a CIC certification that has not yet expired.

Certified Crane Operator Recertification Requirements

1. Provide valid government- issued photo identification (passport, driver’s license, etc.)
2. Comply with and sign the Code of Ethics and Substance Abuse Policies Agreement.
3. 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 Assurance Committee for approval or disapproval of recertification application.
4. The certified operator must document a minimum of 1,000 hours of safe operation over the previous five (5) 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, and training. Operators with less than 1,000 hours of safe operation will be required to take a Practical Exam.
5. Operators must pass the applicable virtual exams for the type and capacity levels of certification for which they are recertifying. Operators may add additional certification(s) by taking applicable virtual exam(s) and a practical exam, if required.
6. Provide updated photo for Digital Credentials Badge (See Photo Requirements).

If the hours requirement is not met, a Practical Exam is required in addition to the virtual recertification exams.

For assistance: help@CICert.com or 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 (check one): Type and Capacity Levels apply to both crawler and carrier-mounted <input type="checkbox"/> Telescoping Boom, under 21 Tons <i>(Digger Derrick and Service/Mechanic Truck Cranes are included under TB<21 tons)</i> <input type="checkbox"/> Telescoping Boom, 21-75 Tons <input type="checkbox"/> Telescoping Boom, over 75 Tons		9. Operating Station Type: (check one) <input type="checkbox"/> Lattice Boom, Crawler & Carrier <input type="checkbox"/> Articulating Boom Crane <input type="checkbox"/> Fixed <input type="checkbox"/> Rotating
10. Hours logged over the last five(5) years as the Certified Crane Operator on cranes with the same Type and/or Type and Capacity Level checked 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 <i>* If yes, please complete and submit the Incident/Accident Report along with this form.</i> 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 CIC 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. Supervisor Signature 18. Date _____		