



DEPARTMENT OF ADMINISTRATIVE SERVICES
DIVISION OF CONSTRUCTION SERVICES
OFFICE OF STATE FIRE MARSHAL

APPLICATION FOR APPRENTICE CRANE OPERATOR REGISTRATION

APPLICANT'S INSTRUCTIONS:

- 1: Print or type all responses.
- 2: Submit a head & shoulders photograph
- 3: Enclose \$25.00 Annual Registration Fee.

PERSONAL INFORMATION:

Name (Last, First, Middle Initial)			Social Security Number	
Height	Weight	Color of Hair	Color of Eyes	Date of Birth

LEGAL ADDRESS:

Number & Street		County
City, State, and Zip Code		Telephone Number

EMPLOYMENT INFORMATION:

Employer's Name and Address _____
 Date Hired _____
 Specific Duties _____

I hereby make application for an Apprentice Crane Operator Registration and certify, under penalty of False Statement (C.G.S. 53a-157), that the information on this form is true and correct to the best of my knowledge and belief.

SIGNATURE: _____

EMPLOYER'S CERTIFICATION:

I, the undersigned, certify that the above Applicant is currently receiving training under a Connecticut Licensed Crane Operator as an Apprentice, to meet the requirements established by the State of Connecticut Crane Operator's Examining Board.

DATE: _____ **SIGNATURE:** _____

TITLE: _____

NAME OF CT LICENSED CRANE OPERATOR: _____

LICENSE #: _____ **SIGNATURE:** _____ **EXP.**

DATE: _____

APPLICATION DENIED

APPLICATION GRANTED

DATE: _____ **REGISTRATION #** _____ **CHECK**

_____ **AMOUNT:** _____

Rev 2/2016