

State of Connecticut
 Department of Public Safety
 Division of Fire and Bldg. Safety
 BUREAU OF INVESTIGATION AND ENFORCEMENT
 1111 Country Club Rd.
 Middletown, CT 06457

APPLICATION FOR APPRENTICE CRANE OPERATOR REGISTRATION

APPLICANT'S INSTRUCTIONS:

- 1: Print or type all responses.
- 2: Submit three (3) head & shoulders photos.
- 3: Enclose \$25.00 Annual Registration Fee.

PERSONAL INFORMATION:

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

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

FOR OFFICE USE ONLY

() APPLICATION DENIED

() APPLICATION GRANTED

DATE: _____ **REGISTRATION #** _____

CHECK # _____ **AMOUNT:** _____

REMARKS: _____