



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC SAFETY**  
**DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES**  
**OFFICE OF STATE FIRE MARSHAL**

**CRANE OPERATOR'S LICENSE**

**APPLICANTS INSTRUCTIONS**

1. Please type or print all responses
2. Submit three (3) head and shoulder photographs 1 1/2 X 1 1/2 with application
3. Fill out "Work experience" Section on reverse side
4. **Enclose \$50.00 application fee** (includes written and practical exam)

- |                          |             |                          |                    |
|--------------------------|-------------|--------------------------|--------------------|
| <input type="checkbox"/> | Tower Crane | <input type="checkbox"/> | Hydraulic crane    |
| <input type="checkbox"/> | Derrick     | <input type="checkbox"/> | Mobile Cable Crane |

**PERSONAL INFORMATION:**

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

**PERMANENT ADDRESS** (Must be one through which you are certain of being reached)

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

**MOTOR VEHICLE OPERATOR LICENSE INFORMATION**

State :	Operator's license number:
CDL License : Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Previous licensing:**

DO YOU HOLD A VALID CRANE OPERATOR'S LICENSE ISSUED BY THE FEDERAL GOVERNMENT, ANOTHER STATE OR CITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE LICENSE NUMBER OR CERTIFICATE NUMBER ALONG WITH NAME AND ADDRESS OF ISSUING AGENCY: _____ _____ _____
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I hereby make application for a license as a crane operator and certify, under penalty of False Statement (C.G.S. 53a-157), that the information on both sides of this form is true and correct to the best of my knowledge and belief.

TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

1111 Country Club Road

Middletown, CT 06457

*An Equal Opportunity Employer*



**FOR THE PRACTICAL TEST THE CRANE OPERATOR MUST BE ABLE TO:**

- Perform crane inspection(s).
- Know what required maintenance must be performed.
- Set up crane, use of tape measure to determine radius.
- Be able to answer questions pertaining to the crane or its attachments.
- Perform all functions with a load, hoist load, lower, boom up or down, swing, extend and retract boom (if applicable) and stop as directed.
- Know how to perform a corrective action when necessary to control load.
- Operate from hand signals or two way radios.
- Explain procedure for preplan of a lift.
- Answer questions pertaining to safe crane operation.

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**SUGGESTED TECHNICAL READING/STUDY MATERIAL:**

For study material you may call “**TRAINING AND INSPECTION RESOURCE CENTER**” at 1-888-567-8472, this is a catalog of heavy equipment products. There are many books listed within this catalog for you to use as study material.

MOBILE CRANING TODAY (highly recommended)  
38 Commercial Road  
Toronto, Ontario, Canada MUG 124  
Telephone number - 416-425-8710

MOBILE CRANE MANUAL  
Construction Safety Association of Ontario  
21 Voyager Court South  
Etobicoke, Ontario, Canada M9W 5M7  
Telephone Number 1-800-781 -2726

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Upon successful completion of your practical test, and a \$50.00 License Fee, your license will be issued. The license is valid for 2 years and a renewal license form will be sent to you one month prior to expiration.

**REMEMBER. YOU CAN NOT OPERATE A CRANE WITH AN EXPIRED LICENSE. THERE IS NO GRACE PERIOD.**

NOTES: Two (2) 1 1/2" X 1 1/2" photos must be submitted with your application.

Total fee for application, tests and license - \$100.00  
All fees are to be paid by check or money order made payable to:

**TREASURER, STATE OF CONNECTICUT**

Any accident involving a crane you operate must be immediately reported 24 hours a day by calling 1-800-842-0200 to the on call supervisor or the State Fire Marshal's Office.