



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

**APPLICATION FOR HOISTING EQUIPMENT OPERATOR'S LICENSE**

**APPLICANT'S INSTRUCTIONS**

1. Print or type all information.
2. Attach on a separate sheet of paper your work experience.
3. Attach Manufacturer's Specifications of Equipment to be operated.
4. Submit a check payable to "Treasurer, State of CT" for \$ 50.00 (application and testing fee).  
 (A separate \$50 license fee will be requested once the written exam has been passed. It will not be accepted with original application.)

**NOTE:** This license is for equipment other than cranes. CT has a separate Crane Operator license that supersedes this license.

**PERSONAL INFORMATION:**

Name (Last, First, Middle):			
Address:			
City/Town:	State:	Zip:	
Home Telephone Number:	Cell (Other) Phone Number:		
Social Security Number:	Date of Birth:		
E-Mail Address:			
Height:	Weight:	Color of Hair:	Color of Eyes:

**RELATED LICENSE INFORMATION:**

Do you hold a valid hoisting equipment or crane operator license issued by the federal government, another state, or city? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide agency and license number:

**CERTIFICATION:**

I hereby make application for Hoisting Equipment 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.	
Applicant's Signature:	Date:

**FOR OSFM OFFICE USE ONLY:**

Application Granted <input type="checkbox"/> Application Denied <input type="checkbox"/>	License Number:
Deposit Date:	Check Number: <span style="float: right;">Check Amount:</span>

DPS-282-C (REV. 3/2010)

1111 Country Club Rd.  
 Middletown, CT 06457  
 (860)685-8470 Fax: (860)685-8359  
 Website: [www.ct.gov/dps](http://www.ct.gov/dps)  
 E-mail: OSFM.CranesDemo@po.state.ct.us