



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

CRANE OPERATOR'S LICENSE

APPLICANTS INSTRUCTIONS

1. Please type or print all responses
2. Submit a head and shoulder photograph 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	<input type="checkbox"/> Hydraulic Forklift	

PERSONAL INFORMATION:

Name: (Last, First, Middle)			Social Security #	
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: _____

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Affirmative Action/Equal Opportunity Employer

