



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

APPLICATION FOR NEW CRANE REGISTRATION

APPLICANT'S INSTRUCTIONS:

1. Print or type all responses.
2. Enclose \$40.00 new registration fee.
3. Attach a current yearly inspection (all pages including deficiency sheet) done in accordance with ANSI/ASME and OSHA.

Owner's Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

MFG. of Crane: _____

Type of Crane: _____

Serial number: _____

Maximum Boom Length: _____

Maximum Lifting Capacity: _____

Any accidents involving this crane is to be immediately reported to the address shown below or by calling (860)685-8470, after hours 1-800-842-0200.

I certify that this crane shall be operated and maintained in accordance with the Safety Code as prescribed by the Connecticut General Statutes Sec. 29-223-1a to 29-23311a inclusive.

Date: _____ Signature: _____

Title: _____

Owner's Social Security Number: _____

Owner's Federal Identification Number: _____

For Office Use Only:

Date: _____ Check Number: _____ Registration

Number: _____

Rev 2/2016

165 Capital Avenue – Room 258, Hartford CT 06106
Phone: 860-713-5580 Fax: 860-713-7424 www.ct.gov/dcs
Affirmative Action/Equal Opportunity Employer



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Regulations adopted under authority of C.G.S. Sec. 29-223 require that a written, signed, and dated record be made of the inspection by the designated employee or agent making the inspection.

A crane owner who is required to make inspections and to keep written records thereof, may use a form which must be maintained for a record of inspection established by State Regulations.

Retain Certification Inspection Reports for your files

Certification

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

MFG. of Crane: _____

Type of Crane: _____

Serial number: _____

I certify that the inspection records are maintained and are available for review by the Office of State Fire Marshal.

Signature: _____

Name (type or print): _____

Title or Position: _____ Company: _____

Date: _____

(Permission to Duplicate Locally is Permitted)

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