

Renewal Application for Crane Operator's Certificate of Competence

Print Clearly

1. NYS DMV License or ID Number: _____
2. Last Name: _____ First Name: _____ MI: _____
3. Date of Birth: ____ ____ ____ 4. Certificate No. _____
5. Mailing Address: _____
City: _____ State: _____ Zip Code: _____
- 5a. Email Address: _____
6. Home Telephone: (____) ____ - ____ 7. Work Telephone: (____) ____ - ____
8. In the last three years, I have operated a crane in my certified class for 300 hours or more.
☐ Yes ☐ No
9. In the last three years, have you been involved in any accidents while operating a crane which resulted in personal injury or property damage, including damage to the crane? ☐ Yes ☐ No
If "Yes", please explain:
- 10a. Do you or have you ever had epilepsy or heart disease? ☐ Yes ☐ No
- 10b. Do you now suffer an uncorrected defect in vision, hearing or any other physical handicap?
☐ Yes ☐ No
- 10c. If you answered "Yes" to either 14a or 14b, please explain:

11. Are you under an obligation to pay child support? ☐ Yes ☐ No If yes, complete the next 4 questions:

11a. I am making payments in accordance with a plan agreed upon by all parties ☐ Yes ☐ No

11b. I am four months or more behind in the payment of child support. ☐ Yes ☐ No

11c. My child support obligation is the subject of a pending court proceeding. ☐ Yes ☐ No

11d. I am receiving public assistance or supplemental security income. ☐ Yes ☐ No

I hereby apply for renewal of my Certificate of Competence as a crane operator and certify that the information on this form is correct to the best of my knowledge.

I authorize the DOL and the DMV to produce an ID card bearing my DMV photo. I understand that DOL will send this card to the address I maintain with DOL. I also understand that DOL and DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with the DOL.

In order to complete this form, you must provide certain personal information. The authority to collect this information is found in the New York State Labor Law. You also understand that by signing this you are granting permission to the Commissioner of Labor to provide access to your Unemployment Insurance (U.I.) benefit file.

12. Signature of Applicant: _____ 13. Date: ____ / ____ / ____

Directions: Print clearly and mail with a check or money order made out to the Commissioner of Labor for \$150 to the above address. Also must include form SH832 Crane Renewal Exam Sign up sheet and form GO-1Appendix to a License/Certificate application.

For Office Use Only	
14. Remarks	
15. Disposition	15a. ☐ Granted 15b. ☐ Denied
15c. Reviewer's initials: _____	15d. Date: ____ / ____ / ____

Prepare in Duplicate - Keep One Copy for Your Records