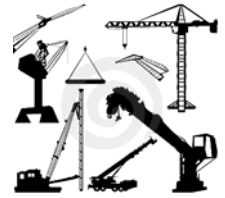




**WEST VIRGINIA DIVISION OF LABOR**  
 State Capitol Complex - Building 6, Room B-749  
 Charleston, WV 25305  
 Telephone: (304) 558-7890 Facsimile: (304) 558-5174



**Crane Operator Certification Application**  
**Class "B"**  
**(By Examination)**

**General Information: (Please Print)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
                     First                    Middle Initial                    Last

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Last Physical Examination: \_\_\_\_\_ Date: \_\_\_\_\_ Physician: \_\_\_\_\_

**A copy of the physical examination documentation must be attached to this application.**

**Written Examination**

<b>Exam Type:</b>	<b>Date</b>	<b>Score</b>
Core Examination	_____	_____
Fixed Cab-Telescoping Boom	_____	_____
Lattice Boom-Crawler	_____	_____
Lattice Boom -Truck	_____	_____
Swing Cab-Telescoping Boom	_____	_____
Tower	_____	_____

**Practical Examination**

<b>Exam Type:</b>	<b>Date</b>	<b>Score</b>
Fixed Cab-Telescoping Boom	_____	_____
Lattice Boom (Crawler or Truck)	_____	_____
Swing Cab-Telescoping Boom	_____	_____
Tower	_____	_____

**Documentation:** Copies of your West Virginia test scores for both the written and practical examinations must be attached to this application.

**Fee Required:** The processing of this application requires a \$75.00 fee. Please attach a check, certified check, cashier's check or money order payable to the **West Virginia Division of Labor**. **(No Cash Please)**

**Certification:** I hereby certify that the information contained in this application is correct in that it is made under the penalties of perjury.

\_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

**Crane Operator Certification  
Application Instructions**

**Class "B"  
(By Examination)**

**Name:** First Name, Middle Initial, Last Name                      **Phone #:** (000) 000-0000  
**Social Security #:** 000-00-0000  
**Date of Birth:** Month, Day, Year (00-00-0000)  
**Address:** Street Address / Post Office Box  
**City, State, Zip:** City, State and Zip Code (5 or 9 digit)

**Last Physical Examination:** A physician's certificate is required prior to initial certification and will be required every five (5) years. The certificate must certify that you are qualified to drive a commercial motor vehicle as required by 49 C.F.R. §391.41. A copy of the physical examination certificate used in obtaining a commercial driver license or equivalent form approved by the Commissioner must be attached to this application. From that certificate, please enter the date of the last examination and the name of the physician.

**Written Examination:** Class B certification applicants may be certified by taking the appropriate West Virginia examinations. You must be re-certified every five (5) years by either re-examination or by training. For each examination taken, please enter the date of the examination and the final score. A copy of the official score notification must be attached to this application.

**Practical Examination:** Class B applicants who choose to be certified by examination must successfully complete a practical examination. This is a hands on demonstration of physical skills where the operator will be required to operate the crane through a series of exercises. This examination will be administered on the type of crane for which certification is desired. The practical examination is required only for initial certification and is not required to be repeated.

**Scheduling Examinations:** All written examinations are administered by an independent testing company. Applicants must contact the company directly for available testing dates and to schedule the appropriate examinations. Contact:

<b>WRITTEN EXAMINATION: (I.A.I.)</b> International Assessment Institute Phone #: (727) 449-8525	<b>PRACTICAL EXAMINATION: (N.C.C.C.O.)</b> National Commission for the Certification of Crane Operators Phone #: (703) 560-2391
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**When scheduling examinations for a Class B certification, you must specify that you desire to take the West Virginia examinations.**

**Fee Required:** The processing of this application requires a \$75.00 fee. Please attach a check, certified check, cashier's check or money order payable to the **West Virginia Division of Labor**. **(No Cash Please)** Applications will not be processed without receipt of the annual fee.

**Certification:** By signing this application, you are attesting that all information herein contained is correct. The Division of Labor may conduct random checks on applications to validate accuracy of information. **A false application may result in the denial or revocation of your certification and possible prosecution under the penalty of perjury.** Please PRINT your full name, affix your signature and enter the date of application.