



## Crane Operator Extension of Recertification Timeframe

*The Standard in Certification*

Crane Operators may file an application for an extension to the requirement to meet all recertification requirements in the twelve months before the expiration of their current nationally accredited certification. Further details are provided below. The application follows.

- A one-month extension will be granted upon request.
- An additional one-month extension may be granted upon documentation of hardship or extenuating circumstances such as listed below.
  - Broken bones, surgery, hospitalization, other serious health issues during the month immediately preceding expiration of certification
  - Death or imminent death of an immediate family member such as:

Spouse	Parent
Domestic partner	Stepparent
Child	Grandchild
Stepchild	Grandparent
Sister	Mother-in-law
Brother	Father-in-law
Aunt	Son-in-law
Uncle	Daughter-in-law
Niece	Brother-in-law
Nephew	Sister-in-law
Stepbrother	Fiancé
Stepsister	

- Documentation required to be attached to this application:
  - Injury/Illness: Note from doctor documenting specific injury/illness as well as the nature and length of disability resulting from it
  - Death of immediate family member: Complete appropriate section on the application
  - Other Extenuating Circumstance: Attach a 1-page explanation
  - If not CIC accredited, you must also submit with this request:
    - Documentation of Pre-Existing Certifications
    - Hours Verification Form



## Crane Operator Extension of Recertification Timeframe

Complete and mail signed form and attachment(s) to:

**CIC Attn: Timeframe Extension Review**  
**One Carlson Parkway, Suite 230**  
**Minneapolis, MN 55447**

**To be completed by Operator** (Print neatly in the boxes provided)

<b>Operator Information</b>																						
1. First Name													MI									
2. Last Name																						
3. CIC Candidate ID (ZZ-99999)			-																			
4. Employer's Company Name																						
5. <b>Type of Accredited Certification Held</b>						6. <b>Length of Extension Requested</b>																
<input type="radio"/> (1) Crane Institute Certification <input type="radio"/> (2) Other						<input type="radio"/> (1) One Month <input type="radio"/> (2) Two Months																
7. <b>Extenuating Circumstance</b>						8. <b>Documentation Attached</b>																
<input type="radio"/> (1) Serious Illness/Injury <input type="radio"/> (2) Death of Family Member <input type="radio"/> (3) Other						<input type="radio"/> (1) Doctor's Note <input type="radio"/> (2) Application Section Completed <input type="radio"/> (3) Other – 1-Page Explanation <input type="radio"/> (4) Documentation of Pre-Existing Certification <input type="radio"/> (5) Hours Verification Form																
<b>Complete in Case of Death of Family Member</b>																						
9. Deceased person's name																						
10. Operator's relationship to deceased																						
11. Name of funeral home, hospital, or hospice																						
12. Phone number of funeral home, hospital, or hospice																						
13. Name of doctor (if applicable)																						
14. <b>Operator Signature</b> <i>By signing below I am stating that the above information is correct.</i>																						
										15. Date			M	M	/	D	D	/	Y	Y	Y	Y