



Crane Operator Recertification Hours Verification Form

Crane Operators who meet the following requirements are not required to take a practical exam for recertification.

- Verification of 1,000+ hours of operation in the last five (5) years
- Operation of a similar crane type (as listed below)
- Complete and mail signed form(s) to:

**CIC Attn: Hours Verification Review
One Carlson Parkway, Suite 230
Minneapolis, MN 55447**

Make copies to verify hours for multiple cranes or employers, and submit all forms together. Hours of operation include time logged as the Designated Operator, training, pre-operational inspections, and set-up.

Section A: To be completed by Operator (Print neatly in the boxes provided)

Operator Information																						
1. First Name												MI										
2. Last Name																						
3. CIC Candidate ID (ZZ-99999)				-																		
4. Employer's Company Name																						
Crane Used																						
5. Manufacturer's Name																						
6. Model Name																						
7. Max Capacity (in Tons)																						
8. Crane Type Operated (mark one):																						
<input type="radio"/> (1) Telescoping Boom under 21 ton capacity crane						<input type="radio"/> (4) Lattice Carrier																
<input type="radio"/> (2) Telescoping Boom 21 to 75 ton capacity crane						<input type="radio"/> (5) Lattice Crawler																
<input type="radio"/> (3) Telescoping Boom over 75 ton capacity crane																						
9. Cab Type (mark one):				<input type="radio"/> (1) Fixed				<input type="radio"/> (2) Rotating														
10. Hours Logged in the last 5 years																						
11. Operator Signature <i>By signing below I am stating that the above information is correct.</i>																						
										12. Date			M	M	/	D	D	/	Y	Y	Y	Y

Section B: To be completed by Supervisor (Print neatly in the boxes provided)

Supervisor Information																						
13. First Name												MI										
14. Last Name																						
15. Phone Number				-			-															
16. Supervisor's Signature <i>By signing below I am verifying the hours the operator worked on the stated crane type is accurate.</i>																						
										17. Date			M	M	/	D	D	/	Y	Y	Y	Y