



NEW MEXICO REGULATION AND LICENSING DEPARTMENT  
CRANE OPERATORS SAFETY PROGRAM

MAILING ADDRESS:

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[http://www.rld.state.nm.us/construction/Hoisting\\_Program.aspx](http://www.rld.state.nm.us/construction/Hoisting_Program.aspx)

**APPLICATION FOR**  
**CRANE OPERATORS LICENSE WITH**  
**NATIONALLY ACCREDITED CERTIFICATION**  
**CIC, NCCCO, NCCER, OCEP**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Area Code \_\_\_\_\_

Home Address \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

**If applicable**, are you current with child support payments? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A

**NOTE:** A COPY OF YOUR **CURRENT CERTIFICATE** MUST ACCOMPANY THIS APPLICATION.  
YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT IT.

**Please check one:**

\_\_\_\_\_ **Class I** (Requires a total of **three (3) years** work experience within the **past three (3) years** in operating crane equipment. Experience must include at least 500 hours of seat time on a crane of the type for which you are applying for.)

\_\_\_\_\_ **Conventional** (Experience must be with conventional cranes with a manufacturer's rating capacity **equal to or greater than 50 tons and a boom length of 100 feet.**)

\_\_\_\_\_ **Hydraulic** (Experience must be with hydraulic cranes with a manufacturer's rating capacity **equal to or greater than 100 tons and a boom length of 100 feet.**)

\_\_\_\_\_ **Tower** (Experience must have been with any size or type of tower crane.)

\_\_\_\_\_ **Class II Hydraulic** (Requires a total of **three (3) years** work experience within the **past three (3) years** in operating **hydraulic cranes over ten (10) tons** and up to **one hundred (100) tons** lifting capacity with a maximum boom length of **one hundred fifty (150) feet**, regardless of mounting or means of mobility. Applicant's experience must include **at least five hundred (500) hours** of seat time on a crane of the specified type.)

Under penalty of perjury, I swear that the information provided is true and correct to the best of my personal knowledge. I understand that my license may be subject to disciplinary action if the information given and attested to by me herein is determined to be intentionally misleading or fraudulent.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY:** Signed before me the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

**EMPLOYMENT RECORD OF \_\_\_\_\_**

Applicant's Name

**THIS FORM MUST BE COMPLETED BY SUPERVISOR OR EMPLOYER**

Employer \_\_\_\_\_

Address \_\_\_\_\_  
(City) (State) (Zip)

Telephone \_\_\_\_\_ Supervisor \_\_\_\_\_

**NOTE: DATES OF EMPLOYMENT MUST BE WITHIN THE PAST 3 YEARS**

TYPE (CONVENTIONAL, HYDRAULIC OR TOWER)	MAKE	MODEL	TONNAGE	BOOM LENGTH	EMPLOYMENT DATES (must be within last 3 yrs.)	# OF HOURS
1.					FROM: / /	
					TO: / /	
2.					FROM: / /	
					TO: / /	
3.					FROM: / /	
					TO: / /	
4.					FROM: / /	
					TO: / /	
<b>TOTAL # OF HOURS MUST EQUAL 500 HOURS OR MORE WITHIN THE PAST 3 YEARS</b>						

**(PHOTOCOPY THIS PAGE AND ATTACH ADDITIONAL SHEETS IF NECESSARY)**

Under penalty of perjury, I swear that in making this certification, I have not relied on statements made to me by the Applicant or third party(ies), and that the information provided in this certification is true and correct to the best of my personal knowledge.

*Please have your application signed and notarized.*\_\_\_\_\_  
Employer/Supervisor Signature\_\_\_\_\_  
Title\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date**NOTARY:**\_\_\_\_\_  
Notary Public\_\_\_\_\_  
Commission Expires

Place an X next to the classifications in which you have experience:

### HYDRAULIC CRANES

_____	Mechanical Trucks	Through 10 tons
_____	Boom Trucks	Through 30 tons
_____	RT	Through 30 tons
_____	RT	Through 60 tons
_____	RT	Through 100 tons
_____	HYD	Through 30 tons
_____	HYD	Through 60 tons
_____	HYD	Through 100 tons
_____	HYD	Above 100 tons

### CONVENTIONAL CRANES

_____	Crawler	Through 50 tons
_____	Crawler	Through 150 tons
_____	Crawler	Over 150 tons
_____	Truck Crane	Under 50 tons
_____	Truck Crane	Over 50 tons

### TOWER CRANES

_____	Crawler Truck/Tower Attachment
_____	Free Standing Tower Crane

**In making this certification, I swear under penalty of perjury, that the information provided is true and correct to the best of my personal knowledge. I understand that my license may be subject to disciplinary action if the information given and attested to by me herein is determined to be intentionally misleading or fraudulent.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### **NOTARY:**

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expire

## **AFFIDAVIT OF CRANE SAFETY ACT AND RULES**

I hereby certify that I have been provided with a copy of the State of New Mexico-Regulation and Licensing Department (aka The Department) Crane Operators Safety Act and Rules (the Act).

I further certify that I have read and agree to comply with the Act and its Rules. And, if found in violation of these rules, or any violation of the provisions of the Act; I may be subject to the complaints and appeals process in accordance with the Uniform Licensing Act (ULA) or appearing before the Crane Operators Licensure Examining Council (the advisory Board to the Office of the Superintendent of the Regulation and Licensing Department) for a hearing.

If found guilty by the Council, the Council will make its recommendation to the Department and the Department may assess any administrative penalty not to exceed one thousand (\$1000) dollars for any violation of the Act, in addition to or instead of revocation or suspension of my license; I may be assessed a civil penalty not to exceed one thousand (\$1000) dollars for each day in which a violation occurs; the Department may reprimand or fine me or suspend or revoke my license, for violation of these rules; the Department may bring an action in a court of competent jurisdiction to enjoin me from violating any provisions of the Act. If the court finds me guilty, I shall be liable for the expenses incurred by the Department in investigating and enforcing the provisions of the Act plus reasonable attorney's fees and costs associated with the court action.

If I am found guilty under the ULA, I am guilty of a misdemeanor and shall be punished by a fine of not less than one hundred (\$100) dollars or more than three hundred (\$300) dollars or by imprisonment for not more than six (6) months or both. Or, I may be subject to a stipulated agreement, an administrative fee and show evidence that I am moving toward compliance with the Act. I may also be liable for expenses incurred by the Department in investigating and enforcing the provisions of the Act plus reasonable attorney's fees and costs associated with the court action.

I further agree to report any incident to the Department shall I be involved in any incident that involves personal injury requiring a hospital stay of seventy-two (72) hours or more or damage to property of one thousand (\$1000) dollars or more within ninety-six (96) hours of the incident.

\_\_\_\_\_  
Applicant's Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

### **NOTARY:**

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

**BE SURE YOUR APPLICATION IS COMPLETE AND THAT THE FOLLOWING  
ITEMS ARE INCLUDED:**

1. Page two of your application **must be completed by your supervisor/employer.**

Page 2, 3 and 4 **must** be notarized. Page 2 must verify the following:

a. Your specific dates of employment. **NOTE:**

**Class I** requires a total of **3 year (more than 36 months)** work experience within the **past 3 years.**

**Class II** requires a total of **3 years (more than 36 months)** work experience within the **past 3 years.**

**Class III** no experience required.

b. Type(s) of crane equipment operated.

c. Number of **specific hours** of operation of **each** type of equipment.

d. Total hours of operation of **500 hours or more** of seat time on the appropriate type of equipment for which you are applying.

e. Tonnage of crane equipment operated.

f. Your supervisor's notarized signature.

2. A signed and notarized document for proof of compliance with the Parental Responsibility Act, if applicable.

3. Application and License fee for Class I and Class II is one hundred twenty-five **(\$125.00).** **We accept Credit Cards.**

4. Make your check payable to the: **Crane Operators Program.**

5. **Certificate of your Physical Examination** **NOTE:** Must be **current** and **signed** by a licensed physician. The medical card must be **within the last twelve (12) months.**

6. **Drug Screening Report.** **NOTE:** Your Drug Screening Report is **NOT** the same as your Physical Exam and **must** be included with this application. It **must** be signed **an MRO** (Medical Review Officer) and **not** the person that took the specimen from you. It **must include the detailed report of the tested substance and indicate that your results are negative.** It also must be **within the last twelve (12) months.**

Applications **will not** be accepted without this information.

7. Copy of **both** sides of your current **CRANE LICENSE** if you are renewing your NM Crane license.

8. Copy of **both** sides of your **CURRENT NATIONALLY ACCREDITED LICENSE.**

9. The attached (and original) affidavit stating you have read and agree to comply with the New Mexico Crane Operators Safety Act and its Rules