

MONTANA CRANE & HOIST OPERATOR PROGRAM

301 South Park Avenue

PO Box 200513

Helena, MT 59620-0513

Phone: 406-444-6880 Fax: 406-841-2305

E-mail: dlibsdhel@mt.gov

Website: <http://www.craneoperator.mt.gov>

INSTRUCTION FOR APPLICATIONS (Reciprocity by National Certification or Reciprocity By Other State and Examination)

Reciprocity by National Certification

1. Complete the application in its entirety. Incomplete applications cannot and will not be processed.
2. Submit the application pages 5, 6, 7, 8 & 9 with the required fee to the address above. Make checks or money orders payable to Professional Licensing Bureau.
3. Provide a copy of NCCCO, CIC, OECP or NCCER Certification or Card.
4. Proof of a current physical dated within the last two years is required before the applicant can be approved for licensure. CDL and DOT physicals will be accepted provided they are dated within the past two years.

MONTANA CRANE TYPES	NCCCO	CIC	OECP	NCCER
CH1-First Class Crane (Friction & Hydraulic cranes over 17.5 tons)	LBT & LBC EXP. AFFIDAVIT SHOWING TONAGE (over 17.5 tons without limitations) PAGE 7	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE
CH2-Second Class Crane (Friction & Hydraulic cranes between 6 – 17.5 tons.)	N/A	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE
HH1-First Class Hydraulic Hoist (Hydraulic cranes over 17.5 tons)	TLL & TSS EXP. AFFIDAVIT SHOWING TONAGE (over 17.5 tons without limitations) PAGE 7	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE
HB2- Second Class Hydraulic Boom (Hydraulic cranes between 6 – 17.5 tons.)	TLL & TSS EXP. AFFIDAVIT SHOWING TONAGE (up to 17.5 tons) PAGE 7	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE
TOWER	TWR	N/A	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE
OVERHEAD	OVR	N/A	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE

Reciprocity By Other State

5. Complete the application in its entirety. Incomplete applications cannot and will not be processed.
6. Submit the application pages 5, 6, 7, 8 & 9 with the required fee to the address above. Make checks or money orders payable to **Professional Licensing Bureau**.
7. Provide verification from other Licensing Agency and Copy of License.
8. Proof of a current physical dated within the last two years is required before the applicant can be approved for licensure. CDL and DOT physicals will be accepted provided they are dated within the past two years.

EXAMINATION INFORMATION

1. Complete the application in its entirety. Incomplete applications cannot and will not be processed.
2. Submit the application pages 5, 6, 7, 8 & 9 with the required fee to the address above. Make checks or money orders payable to **Professional Licensing Bureau**.
3. Certificate of Experience must be signed by a person having actual knowledge of the applicant's past work experience; applicants cannot sign the certificate themselves.
4. Proof of a current physical dated within the last two years is required before the applicant can be approved for licensure. CDL and DOT physicals will be accepted provided they are dated within the past two years.
5. Approved applicants will be notified with a confirmation letter advising them that their exam has been mailed to the specified Job Service (Does not apply to Reciprocity).

The following categories are covered in the examination:

HAND SIGNALS, LOAD CHARTS, RIGGING SITUATIONS, SAFE CRANE SET UP, ELECTRICAL DISTANCES, & BASIC CRANE SAFETY

SUGGESTED STUDY MATERIAL

MOBILE CRANE MANUAL & RIGGING MANUAL	available through Construction Safety Association of Ontario 21 Voyager Ct South Etobicoke, Ontario, Canada M9W 5M7 Phone: 800-781-2726 Website: www.csao.org
IPT'S CRANE AND RIGGING HANDBOOK	available through IPT Publishing PO Box 9590 Edmonton, Alberta, Canada T63 5X2 Phone: (780) 962-4548 Website: www.iptbook.com
AMERICAN NATIONAL STANDARDS ANSI/ASME B30.5	available through American National Standards Institute 22 Law Drive, Box 2900 Fairfield, NJ 07007 Phone: 800843-2763

EXAMINATIONS ARE GIVEN AT MONTANA LOCAL JOB SERVICES

Examinations can be given at any time during local Job Service business hours. Applicants will receive an admission letter from our office when their application has been approved and will include the contact information for the Job Service chosen by the applicant. Arrangements to take the exam must be made between the applicant and the Job Service. An applicant that fails the examination must wait 45 days before re-testing. ALL CORRESPONDENCE IS THROUGH THE ADDRESS THE APPLICANT SELECTED AS THE PREFERRED MAILING ADDRESS.

Please note that it may take up to two (2) weeks for your application to be processed once it is received. Applications are processed in the order they are received. It is your responsibility to ensure enough time for processing and examination before operating a crane. It is a violation of Montana Code Annotated to operate a crane without a valid license issued by the Department.

Available Job Service Locations in Montana:

Billings (406)652-3080	Bozeman (406)582-9200	Butte (406)494-0300
Cut Bank (406)873-2191	Glendive (406)377-3314	Great Falls (406)791-5800
Havre (406)265-5847	Helena (406)447-3200	Kalispell (406)758-6200
Lewistown (406)538-8701	Libby (406)293-6282	Miles City (406)232-8340
Missoula (406)728-7060	Polson (406)883-5261	Thompson Falls (406)827-3472
Wolf Point (406)653-1720		

RENEWAL INFORMATION

1. \$80.00 Annual Renewal Fee – 1st and 2nd Class License
2. \$50.00 Annual Renewal Fee – 3rd Class License
3. License expires ONE YEAR after the date of issuance.

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QUALIFICATIONS, EXAMINATION INFORMATION, AND FEE SCHEDULE FOR CRANE OPERATOR LICENSURE

In order to be eligible for the examination, an applicant must have the necessary experience requirements prescribed by the Department of Labor & Industry, as required by Title 50, Chapter 76, Montana Code Annotated.

CLASS	Exam Fees	RATED SIZE	MINIMUM EXPERIENCE
Third Class Crane Oiler	\$60.00	Move Truck Cranes only	Age 18 or older and pass written examination.
First Class Crane Hoist First Class Crane Hydraulic Hoist	\$100.00	Friction AND Hydraulic cranes over 17.5 tons Hydraulic cranes over 17.5 tons.	Age 18 or older, no less than 1 year (1000 hrs) experience operating equipment requiring a second class license, passage of a written exam, and submit a current physical taken within the last 2 years
Second Class Crane Hoist Second Class Hydraulic & Boom Truck	\$100.00	Friction AND Hydraulic cranes between 6 – 17.5 tons. Hydraulic cranes between 6 – 17.5 tons	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of rated size equipment in this category (6 - 17.5 tons), passage of a written exam, and submit a current physical taken within the last 2 years.
First Class Crane Gantry & Trolley	\$100.00	Gantry and Trolley crane of any capacity.	Age 18 or older, no less than 1 year (1000 hrs) experience on gantry or trolley cranes, passage of a written exam, and submit a current physical taken within the last 2 years.
First Class Mine Hoist	\$100.00	Mine hoists with engines delivering over 100 brake horsepower.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of mine hoists, passage of a written exam, and submit a current physical taken within the last 2 years.
Second Class Mine Hoist	\$100.00	Mine hoist with engines delivering under 100 brake horsepower.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of mine hoists with engines delivering up to 100 brake horsepower, passage of a written exam and submit a current physical taken within the last 2 years.
First Class Hoist	\$100.00	Hoist cranes over 17.5 tons.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of rated size equipment in this category, passage of a written exam, and submits a current physical taken within the last 180 days of application.
Second Class Hoist	\$100.00	Hoist cranes between 6 – 17.5 tons.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of rated size equipment in this category (6 – 17.5 tons), passage of a written exam, and submit a current physical taken within the 2 years
First Class Tower Crane	\$100.00	Tower cranes over 17.5 tons	Age 18 or older, no less than 1 year experience in the operation of tower cranes (over 17.5 tons), passage of a written exam, and submit a current physical taken within the last 2 years.
Second Class Tower Crane	\$100.00	Tower cranes under 17.5 tons	Age 18 or older, no less than 1 year experience in the operation of tower cranes (under 17.5 tons), passage of a written exam, and submit a current physical taken within the 2 years.

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ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
(Please allow 14 days for processing from the date that the Department has received your application)

TYPE OF LICENSE APPLYING FOR(select only one per application):

FIRST CLASS HOISTING OPERATOR CH1:

SECOND CLASS CRANE HOISTING CH2:

FIRST HYDRAULIC HOISTING OPERATOR HH1:

SECOND CLASS HYDRAULIC & BOOM TRUCK HB2:

TOWER CRANE: First Class Second Class

MINE HOISTING: First Class Second Class

GANTRY & TROLLEY : (First Class)

OILER: (Third Class)

APPLICATION BY: EXAMINATION (See Fee Schedule)

RECIPROCITY (\$80)

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ E-mail Address _____

SOCIAL SECURITY NUMBER/FEDERAL IDENTIFICATION NUMBER: _____

1. Are you a United States Citizen? ____ YES ____ NO
2. If you answered NO to question 1 above, are you (please check one of the following):
 - ____ A "qualified alien" as defined in USC § 1641. See, 8 USC § 1621a (1).
 - ____ A nonimmigrant under the immigration and Nationality Act, 8 USC § 1101 et seq. See, 8 USC § 1621a(2).
 - ____ A nonimmigrant whose visa for entry is related to such employment in the U.S. See, 8 USC § 1621c (2)(A)
 - ____ A foreign national not physically present in the United States. See, 8 USC § 1621c (2)(C).
 - ____ Other—Please provide detailed explanation: _____

Please indicate your preferred mailing address

____ Residential _____ Business

Residential Information

Phone _____
Address _____
City, State _____
Zip Code _____

Business (Present Employer) Information

Phone _____
Address _____
City, State _____
Zip Code _____
Business Name _____

**If approved for examination, indicate the Job Service at which you wish to take the examination:
Montana Job Service (Indicate City)**

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

(Circle Yes or No)

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | YES | NO |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | YES | NO |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | YES | NO |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | YES | NO |
| 5. Have you ever withdrawn an application for any professional license? | YES | NO |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | YES | NO |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | YES | NO |

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | YES | NO |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | YES | NO |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or “juvenile convicted as an adult” in any state, federal, tribal, or foreign jurisdiction? | YES NO |
| 11. Are you now subject to criminal prosecution or pending criminal charges? | YES NO |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | YES NO |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | YES NO |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | YES NO |

Crane licenses currently held in Montana or another state. This includes licenses used for reciprocity. (Attach copy of license):

<u>State</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Class/Type of License</u>	<u>Expiration Date</u>

CERTIFICATE OF EXPERIENCE AFFIDAVIT

Submit this form with your application after it has been signed by persons who have knowledge of your experience with cranes or hoists.

Applicant Name: _____ Social Security Number: _____

Employer/Business Name: _____ Phone#: _____

Dates of Employment: From: _____ To: _____

List all types of cranes or hoists that the above named applicant has had experience operating.

From: MM/YY	To: MM/YY	Company Name	Type Of Crane/Hoist	Choose Style of Crane: Circle One	Operating Capacity (TONS)	Hours of Experience
				Friction Tower Hydraulic Mine		
				Friction Tower Hydraulic Mine		
				Friction Tower Hydraulic Mine		
				Friction Tower Hydraulic Mine		
				Friction Tower Hydraulic Mine		

Please use additional paper if necessary.

I hereby certify that the above-named applicant has obtained the necessary experience in the operation of the equipment specified above.

 Legal signature of Person Making Statement

 Date

 Printed Name of Person Making Statement

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Crane Operator Program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Date

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CRANE/HOIST PHYSICAL EXAMINATION

IMPORTANT NOTICE: *First and Second Class Crane/Hoist Operators or applicants require a biennial physical before issuance or renewal of license. New applicants must have a physical done within the last 2 years when submitting an application. Use this form for your physician to report your physical examination. Be sure your physician completes and signs this form before sending it to us along with your license or renewal fee payment. Failure to have this physical examination submitted to us will result in delay in issuance or renewal of your license. Physical Examination Authority refer to MCA 50-76-103(2), (b), (ii).*

CRANE/HOIST OPERATOR: _____
First Middle Last

Social Security Number: _____ License Number: _____
(If Applicable)

Physical Examination must be complete under the mandated criteria on the next page.

MEDICAL PRACTITIONER COMMENTS: _____

EXAMINER INFORMATION:

Name of Examiner (please print): _____

Address: _____
Street City State Zip Code

License #: _____ Professional Category: _____
(i.e., Medical Practitioner,
Physician, Physician Assistant)

I, the undersigned, DO DO NOT find in my professional opinion that the above named applicant is physically competent to safely operate crane/hoisting machinery.

Signature

Date

CRANE / HOIST PHYSICAL EXAMINATION MANDATED CRITERIA

Operators and shall meet the following physical qualifications:

1. Vision of at least 20/30 Snellen in one eye and 20/50 in the other, with or without corrective lenses.
2. Ability to distinguish colors, regardless of position, if color differences are required for operation.
3. Adequate hearing, with or without hearing aid, for specific operation.
4. Sufficient strength, endurance, agility, coordination, and speed of reaction to meet the demands of equipment operation.
5. Operators should have normal depth perception, field of vision, reaction time, manual dexterity, coordination, and no tendencies to dizziness or similar undesirable characteristics.

Evidence of physical defects or emotional instability which would render a hazard to operator or others, or which in the opinion of the examiner could interfere with the operator's performance, may be sufficient cause for disqualification. In such cases, specialized clinical or medical judgments and tests may be required.

Evidence that an operator is subject to seizures or loss of physical control shall be sufficient reason for disqualification. Specialized medical tests may be required to determine these conditions.

*****When physically or mentally unfit, an operator shall not engage in the operation of equipment*****



STATE OF MONTANA CRANE OPERATOR LICENSING PROGRAM

REQUEST FOR EXEMPTION FROM SOCIAL SECURITY NUMBER REQUIREMENT ONLY USE IF YOU DO NOT HAVE A SSN ISSUED TO YOU

Montana Code Annotated 37-1-307 requires applicants for a Montana professional or occupational practice license to provide a United States Social Security Number (SSN). However, pursuant to Policy Interpretation Question (PIQ) number 99-05 issued by the U.S. Dept. of Health and Human Services in 1999, the State of Montana, Department of Labor & Industry, Business Standards Division (BSD) may issue a license to an applicant who does not have a SSN *if the applicant submits this form truthfully attesting that he or she has not been assigned a SSN*. If a person (who has been issued a Montana practice license without a SSN) is later assigned a SSN, the person must report the SSN to the licensing board or program within BSD as a prior condition for renewal of licensure. If a person has already been issued a Montana practice license without having submitted a SSN or this affidavit at the time of original application, the person will be required to provide a SSN or this affidavit as a prior condition of renewal. All persons who do not have a SSN and who are applying for a new practice license from BSD or renewing an existing practice license must have filed a copy of this form with the BSD licensing board or program. The form need only be filed once for each license.

THIS FORM MAY ONLY BE USED FOR PERSONS/APPLICANTS/LICENSEES WHO DO NOT HAVE A SOCIAL SECURITY NUMBER. If such a person has ever been issued a SSN, the person **MUST** provide it as a condition of licensing. A practice license will not be renewed or issued to a person who refuses to provide their SSN.

ATTESTATION

I _____, am applying for a Montana license as a
(Printed, Full Name of Applicant or Licensee)

_____ I have not been assigned a Social Security Number and am not required to have a Social Security Number. If assigned an SSN after the date of this affidavit I will immediately report it to the Department of Labor & Industry or its successor administrator.

Signature: _____ **Date:** _____

Updated 9-18-19