

## MONTANA CRANE OPERATOR PROGRAM

301 S Park  
PO Box 200513  
Helena, Montana 59620-0513  
Phone: (460) 841-2356 Fax: (406) 841-2050  
E-Mail: [dlibsdcra@mt.gov](mailto:dlibsdcra@mt.gov)  
Website: [www.craneoperator.mt.gov](http://www.craneoperator.mt.gov)

### Application for Reexamination

Please complete this application and return it with the proper fee as indicated. Make check payable to the Montana State Crane Licensing Program. NOTE: *Please do not send cash.*

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or PO Box City State Zip

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Present Employer: \_\_\_\_\_

Please indicate which exam you will be retaking and enclose the appropriate fee.

Exam and associated fees

First Class \$50.00  
Second Class \$50.00  
Third Class \$30.00

Exams can be taken at any job service in the state.

**Please indicate where you would like to take your exam:**

\_\_\_ Helena, please indicate the date you wish to take the exam \_\_\_\_\_

\_\_\_ Job Service, please list the city \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_