

MONTANA CRANE & HOIST OPERATOR PROGRAM

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Crane Application for Re-Examination

Please complete this application and return with the appropriate fee below. Fee is required for written exam only.

Name: _____ E-Mail Address: _____

Mailing Address: _____
Street or PO Box City State Zip

Phone: (Home) _____ (Work) _____

Present Employer: _____

Please indicate which exam you will be retaking.

Exam and Associated Fees for Written Exam (No fee for Practical Exam)

First Class - \$100 _____

Second Class - \$100 _____

Third Class - \$60 _____

Please list the date of your last exam _____

The written exam can be taken at most job service locations in the state. You must identify which job service you would like your exam to be sent to. You will be notified when your exam is sent to the job service listed below.

Please send my exam to this job service: _____

SIGNATURE: _____ DATE: _____