**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:** [dlibsdhelp@mt.gov](mailto:dlibsdhelp@mt.gov)

**Website:** [http://www.craneoperator.mt.gov](http://www.craneoperator.mt.gov/)

**REQUEST FOR ON-SITE CRANE OPERATOR PRACTICAL EXAMINATION**

* The Department may provide on‐site practical examinations for approved examination candidates. This only applies to those examination candidates sitting for practical examinations. Not all licensure applicants require practical testing.
* All licensure applications and fees must be received two weeks before the testing date and approved by the Department for examination prior to their names being added to the examination roster.
* The Department utilizes independent, approved “Practical Examiners” to provide the practical examinations. It is the responsibility of the applicant to make their own arrangements with one of these approved examiners as to the date and cost of their services. The practical examination is not included in the cost of the license application process. The applicant will pay directly to the practical examiner of their choice the costs they have negotiated for those practical examination services. These examiners are private individuals or companies that have petitioned the Department to provide the equipment (cranes) and/or expertise for these practical examinations in connection with the Department’s licensing process. Applicants must make sure they have been approved for examination prior to contracting with one of these practical examiners. In addition, applicants must make sure the type and size of the crane available from the examiner matches that of the type and size of the crane you are seeking licensure for. The Department provides the testing scenarios for the practical examination and also may provide a Department employee proctor to monitor the practical testing process. A list of currently approved, independent practical examiners can be found on page 2.
* Independent practical examiners do not have a direct role in the licensing of any individual. Their role as practical examiners is to provide equipment and expertise to allow applicants an opportunity to perform practical crane maneuvers as part of the Department’s examination process. The practical examination is the property of the State of Montana, Department of Labor and Industry. All administrative functions

involved in licensing an applicant are the sole responsibility of the Department of Labor and Industry. These functions include providing all information, forms, applications, providing exams, grading exams, and notification of testing results.

* On the date of testing a 20 foot beam or column needs to be available for the practical examination.

**APPROVED PRACTICAL CRANE EXAMINERS**

|  |  |  |
| --- | --- | --- |
| **Company Name** | **Address** | **Phone Number** |
| **Montana Operating**  **Engineers** | **3110 Canyon Ferry Road**  **East Helena, MT 59635‐3031** | **(406) 227‐5600** |
| **Montana Crane Service** | **209 East Cedar Road**  **Bozeman, MT 59715** | **(406) 586‐0909** |
| **Tom’s Crane Service, INC.** | **PO Box 6543**  **Helena, MT 59604** | **(406) 437‐0575 (cell)**  **(406) 443‐3228 (office)** |
| **J Silvan Enterprises, LLC** | **717 Maynard Rd.**  **Helena, MT** | **(406) 459-2689** |
|  |  |  |

**REQUEST FOR ON-SITE CRANE & HOIST PRACTICAL EXAMINATION**

Please complete this form to request an on-site crane practical examination. Requests that do not meet the Department’s requirements listed are not eligible for on-site examinations.

Incomplete or illegible requests will not be processed. (Please print)

Business Requesting Examination:

Contact Person: Phone:

Location of Examination (Address):

Preferred Date of Examination: Time:

Type of Practical Examination: ***See Crane Application for Descriptions***

**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)**



# List the Crane’s tonnage:

* **Does the Crane utilize friction? Yes No**

I acknowledge that I have read and agree to the instructions on page 1 of this on-site examination request.

Signature Date

# REQUEST FOR ON-SITE CRANE & HOIST PRACTICAL EXAMINATION ROSTER

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| --- | --- |
| **CANDIDATE’S NAME** | **EXAMINATION TYPE APPROVED FOR** |
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