



# Crane Operator Recertification Hours Verification Form

Certified operators applying for recertification must complete all recertification requirements before their current operator certification(s) expire. Recertification is valid for an additional five (5) years. CIC Crane Operator Recertification accepts the operating experience from other accredited operator certification programs that can be identified by crane type and capacity.

## Recertification Requirements

1. Provide a government-issued photographic identification (passport, driver's license, etc.).
2. Comply with and sign the Code of Ethics and Substance Abuse Policies. These forms are emailed to operator from CIC Customer Service and also provided at testing.
3. Meet the physical qualification requirements (See Medical Verification Form).
4. Operators must pass the applicable exam(s) for the type and capacity levels of certification for which they are re-certifying. Operators may add additional certification(s) by taking applicable written exam(s) and a practical exam, if required.
5. The certified operator must document a minimum of 1,000 hours of safe operation (operation, shift inspection, set-up, assembly/disassembly, travel, training) over the previous five years on the highest crane type and capacity level for which the operator is applying. Operators with less than 1,000 hours of safe operation will be required to take a practical operating exam.
6. Any unsafe crane operation which results in the following, accidents or incidents resulting in property damage, death to personnel, intoxication, substance abuse, disciplinary action, etc., will require that the operator complete an Incident / Accident Report which will be reviewed by the Quality Review Assurance Board for approval or disapproval of recertification application.

*If recertification requirements are not met, a practical exam is required in addition to the written recertification exam.*

## Section A: To be completed by Crane Operator

Crane Operator Information		
1. First Name	MI	2. Last Name
3. Candidate ID (ZZ-99999)		4. Employer
Crane Information		
5. Make	6. Model	7. Max. Capacity (in tons)
8. Crane Type and Capacity Level Operated (mark one): Type and Capacity Levels apply to both crawler and carrier-mounted cranes.		
<input type="radio"/> (1) Telescoping Boom, under 21 Ton <input type="radio"/> (5) Articulating Boom Crane <input type="radio"/> (2) Telescoping Boom, 21-75 Ton <input type="radio"/> (6) Digger Derrick Crane <input type="radio"/> (3) Telescoping Boom, over 75 Ton <input type="radio"/> (7) Service/Mechanic Truck Crane <input type="radio"/> (4) Lattice Boom, Carrier & Crawler		
9. Operating Station (mark one): <input type="radio"/> (1) Fixed <input type="radio"/> (2) Rotating		
10. Hours logged over the last five years as the Certified Crane Operator on cranes within the Type and/or Capacity Level listed above: _____ hrs		
11. I have been involved in an incident/accident relating to crane operations over the previous five years. <input type="radio"/> Yes <input type="radio"/> No If yes, please submit the Incident/Accident Report to help@bicert.com.		
I hereby certify that all entries on this form are true and accurate. I understand that any falsification of this information may result in forfeiture of certification as a Certified Crane Operator. I also understand that all information on the application is subject to verification.		
11. Signature		12. Date

## Section B: To be completed by Supervisor

Supervisor Information		
13. First Name	MI	14. Last Name
15. Phone Number	Email	
By signing below, I am stating the above information is true and accurate.		
16. Signature		17. Date

Remit to: help@bicert.com  
for assistance call, 844-546-3362