



Prefer to register online? This form is available to submit directly at cicert.com/candidate-registration

Candidate Registration

Complete the fields below and email to help@cicert.com or fax to 407-878-1342.

Questions? Call CIC at 844-546-3362 or email help@cicert.com

Contact/Registrar Information			
Registrar Name			
Company Name			
Registrar Address			
City	State	Zip	
Registrar Phone	Registrar Email		
Written Exam Site Information (if known)			
Site Name			
Site Address			
City	State	Zip	
Written Exam Information			
Exam Delivery	Electronic (Instant grading)	Paper/Pencil (Grading & shipping fee of \$50-\$500, depending on the number of tests ordered, will apply)	
Date(s) Desired			
Practical Exam Site Information (if known)			
Site Name			
Site Address			
City	State	Zip	
Date(s) Desired			

At CIC one Practical Exam may cover certification for multiple crane types and capacities as long as the corresponding Written Exams are passed. Refer to the chart below for more information.

		PRACTICAL EXAM							
		TB 75+	TB 21-75	TB < 21	LB	ABC	SMT	PRE	TC
CERTIFICATION	Tower Crane								X
	Precast Concrete Delivery Crane	X	X	X	X			X	
	Service Mechanic Truck	X	X	X	X		X		
	Articulating Boom Crane	X	X		X	X			
	Telescoping Boom, Under 21 tons	X	X	X	X				
	Telescoping Boom, 21-75 tons	X	X		X				
	Telescoping Boom, 75+ tons	X			X				
	Lattice Boom (Carrier & Crawler)	X			X				

Abbreviations			
General Knowledge*	GK	Service Mechanic Truck	SMT
Telescoping Boom, Under 21 tons*	TB<21	Precast Concrete Delivery Crane	PRE
Telescoping Boom, 21-75 tons*	TB21-75	Tower Crane	TC
Telescoping Boom, 75+ tons*	TB75+	Rigger/Signalperson	RSP
Lattice Boom (carrier/crawler)*	LB	Master Rigger	MR
Articulating Boom Crane	ABC		

Initial **mobile crane operator** candidates need

- General Knowledge Written Exam
- At least one Type/Capacity Written Exam
- Practical Exam

Recertifying mobile crane operator candidates need

- General Knowledge Written Exam
- At least one Type/Capacity Written Exam
- Form showing at least 1000 operating hours OR Practical Exam

Tower crane operator candidates take one Written and one Practical Exam.

Rigger/Signalperson covers Rigger Level I & Level II;

RSP candidates take a Written Exam and a practical Hand Signal Exam.

Master Rigger candidates need RSP certification and take one Written Exam.

*Disponible en español.

Registrar Name _____ Registrar Company _____

Candidate 1												
Legal Name						DOB			Candidate ID			
Company Name (if applicable)												
Address												
City					State				Zip			
Phone					Email							
Type	Initial	Recertification			Add-On		Retest			<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR	
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC			

Candidate 2												
Legal Name						DOB			Candidate ID			
Company Name (if applicable)												
Address												
City					State				Zip			
Phone					Email							
Type	Initial	Recertification			Add-On		Retest			<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR	
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC			

Candidate 3												
Legal Name						DOB			Candidate ID			
Company Name (if applicable)												
Address												
City					State				Zip			
Phone					Email							
Type	Initial	Recertification			Add-On		Retest			<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR	
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC			

Candidate 4												
Legal Name						DOB			Candidate ID			
Company Name (if applicable)												
Address												
City					State				Zip			
Phone					Email							
Type	Initial	Recertification			Add-On		Retest			<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR	
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC			



Registrar Name _____ Registrar Company _____

Candidate 5											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City					State			Zip			
Phone					Email						
Type	Initial	Recertification			Add-On	Retest			<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		

Candidate 6											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City					State			Zip			
Phone					Email						
Type	Initial	Recertification			Add-On	Retest			<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		

Candidate 7											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City					State			Zip			
Phone					Email						
Type	Initial	Recertification			Add-On	Retest			<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		

Candidate 8											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City					State			Zip			
Phone					Email						
Type	Initial	Recertification			Add-On	Retest			<i>Marca aquí para exámenes en español</i>		
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Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		



Registrar Name _____ Registrar Company _____

Candidate 9											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City				State				Zip			
Phone				Email							
Type	Initial	Recertification			Add-On		Retest		<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		

Candidate 10											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City				State				Zip			
Phone				Email							
Type	Initial	Recertification			Add-On		Retest		<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		

Candidate 11											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City				State				Zip			
Phone				Email							
Type	Initial	Recertification			Add-On		Retest		<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		

Candidate 12											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City				State				Zip			
Phone				Email							
Type	Initial	Recertification			Add-On		Retest		<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		



Registrar Name _____ Registrar Company _____

Candidate 13											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City				State				Zip			
Phone				Email							
Type	Initial	Recertification			Add-On		Retest		<i>Marca aquí para exámenes en español</i>		
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Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		

Candidate 14											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City				State				Zip			
Phone				Email							
Type	Initial	Recertification			Add-On		Retest		<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		

Candidate 15											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City				State				Zip			
Phone				Email							
Type	Initial	Recertification			Add-On		Retest		<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		

Candidate 16											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City				State				Zip			
Phone				Email							
Type	Initial	Recertification			Add-On		Retest		<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		



Registrar Name _____ Registrar Company _____

Candidate 17											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City						State			Zip		
Phone						Email					
Type	Initial	Recertification			Add-On	Retest			<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR
Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		

Candidate 18											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City						State			Zip		
Phone						Email					
Type	Initial	Recertification			Add-On	Retest			<i>Marca aquí para exámenes en español</i>		
Written Exams	GK	TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC	RSP	MR
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Candidate 19											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City						State			Zip		
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Candidate 20											
Legal Name						DOB			Candidate ID		
Company Name (if applicable)											
Address											
City						State			Zip		
Phone						Email					
Type	Initial	Recertification			Add-On	Retest			<i>Marca aquí para exámenes en español</i>		
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Practical Exams		TB<21	TB21-75	TB75+	LB	ABC	SMT	PRE	TC		

