



STATE OF HAWAII  
 DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
 HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION  
 Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813  
 PHONE: (808) 586-9011; FAX: (808) 586-9104

## HOISTING MACHINE OPERATOR'S APPLICATION FOR SPECIAL CERTIFICATION

**COMPLETE APPLICATION MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK**

### A. PERSONAL DATA

NAME LAST FIRST MIDDLE			DATE OF BIRTH		SOCIAL SECURITY NUMBER	
TITLE OR POSITION				EMPLOYER		
BUSINESS ADDRESS		NUMBER	STREET	CITY	STATE	ZIP
				COUNTRY IF NOT IN USA		<input type="checkbox"/> SEND MAIL HERE
HOME ADDRESS		NUMBER	STREET	CITY	STATE	ZIP
						<input type="checkbox"/> SEND MAIL HERE
HOME PHONE		INCLUDE AREA CODE	BUSINESS PHONE		INCLUDE AREA CODE	BUSINESS HOME FAX

### B. CERTIFICATION REQUIREMENTS

All of the following documents must be submitted or your application will not be processed.

1. **Employer Certification** of applicant's operator training meeting the requirements of ASME B30.5 for machines listed. (Include make, model and serial # of each machine that will be listed as specialty on card)
2. **2 Valid Original Government Issued ID's (Birth certificate, Driver's License, Passport or Hawaii state ID):** (Please notarize if mailing in)
  - (1) ID Type \_\_\_\_\_ Number (if applicable) \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  - (2) ID Type \_\_\_\_\_ Number (if applicable) \_\_\_\_\_ Expiration Date: \_\_\_\_\_
3. **Physical Examination** must meet the requirements of ASME B30.5 Section 5-3.1.2(a). Submit a complete and current copy of one of the following:
  - a. A NCCCO Medical Examiner's certificate. Expiration Date: \_\_\_\_\_
  - b. A Department of Transportation Medical Examiner's certificate. Expiration Date: \_\_\_\_\_
4. **Fees: All application and certification fees are nonrefundable.**
  - a. \$50.00 Nonrefundable application fee due at the time of application submittal. *(initial application only)*
  - b. \$300.00 Special Certification fee. Due within 30 days after notified application is approved.

**Total Amount Due: \$ \_\_\_\_\_**

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**C. CRIMINAL HISTORY (Check the appropriate boxes)**

A criminal history record check will be conducted on all applicants.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of any crime? If "yes":  Why were you convicted? _____  Date(s) of Conviction: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you a fugitive from justice? If "yes", explain:

**D. PHYSICAL OR MENTAL CONDITIONS (Check the appropriate boxes)**

Do you have any physical or mental condition (disease, injury or illness) which may impair, restrict or interfere with your ability to operate or supervise the operation of a hoisting machine safely? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
If "yes", identify each condition, and explain its effects:

**E. SUBSTANCE USE (Check the appropriate boxes)**

Do you use any drug or have an alcohol condition that may impair, restrict or interfere with your ability to operate or supervise the operation of a hoisting machine safely? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Non-prescribed narcotic, drug, or controlled substance?
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or any substance (including prescription drugs), to an extent that may impair, restrict or interfere with your ability to operate or supervise the operation of a hoisting machine safely?
If "yes" to any of the above, explain:		

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**F. HOISTING MACHINE ACCIDENT(S)**

Accidents must be reported to the Director of Labor & Industrial Relations within 24 hours.

<p><b>HAVE YOU BEEN RESPONSIBLE FOR OR CONTRIBUTED TO AN ACCIDENT INVOLVING A HOISTING MACHINE?</b>                  If "Yes", list all accident dates and explain: (Please use additional sheet if necessary)</p>  <p>Date: _____</p>
<p>Date: _____</p>
<p>Date: _____</p>

**CERTIFICATION:**

By signing below, I hereby certify that all responses and statements on this application are true and complete to the best of my knowledge and that any misrepresentation or omission may be sufficient grounds for the denial or revocation of a Hoisting Machine Operator's Certificate and punishable under the laws of the State of Hawaii.

I understand that this application is subject to verification, and I agree to provide any additional documentation that may be required.

I agree that outside sources may be contacted to verify the information I have given in this application and hereby consent to the disclosure of any information needed to determine the validity of this application and/or my eligibility for a certificate.

I affirm that the statements given are true under penalty of law.

Signature of Applicant	Print Name	Date
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**Return completed form and check to:** *Department of Labor and Industrial Relations  
 830 Punchbowl Street, Room 425  
 Honolulu, Hawaii 96813*

<p><b>Expiration Date (2 years):</b></p>
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**Make checks payable to "Director of Finance".**

Date Received:	Approved by:	Date completed/ltr sent & issue date:
Check No.:	Check Date:	Check Amount: