



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		INCLUDE AREA CODE		BUSINESS PHONE
					FAX

B. HOISTING MACHINE ACCIDENT(S)

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

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

Date: _____
Date: _____

C. 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):
	(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 certificate of medical examination. Expiration Date: _____
	b. _____ A Department of Transportation certificate of medical examination. Expiration Date: _____
4. _____	Fees: All application and certification fees are nonrefundable.
	a. _____ \$50.00 Nonrefundable application fee due at the time of application submittal. <i>(initial application only)</i>
	b. _____ \$300.00 Special Certification fee. Due within 30 days after notified application is approved.
Total Amount Due: \$ _____	

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D. 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 felony or misdemeanor anywhere in the United States punishable by jail sentence? If "yes": What were you convicted of? _____ Date(s) of Conviction: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you a fugitive from justice? If "yes", explain:

E. PHYSICAL OR MENTAL CONDITIONS (Check the appropriate boxes)

Do you have any physical or mental condition which may impair or interfere with your ability to operate or supervise the operation of a hoisting machine?		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Disease
<input type="checkbox"/>	<input type="checkbox"/>	Illness
<input type="checkbox"/>	<input type="checkbox"/>	Defect
<input type="checkbox"/>	<input type="checkbox"/>	Disability
If "yes" to any of the above, explain:		

F. SUBSTANCE USE (Check the appropriate boxes)

Do you use any of the following?		
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 which may impair or interfere with your ability to operate or supervise the operation of a hoisting machine?
If "yes" to any of the above, explain:		

CERTIFICATION:

I certify that all responses and statements made 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.

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**

Make checks payable to "Director of Finance".

Date Received:	Approved by:	Certificate No.:	Completed Date:
Check No.:	Check Date:	Check Amount:	Cert. Ltr. Sent: