

## MONTANA CRANE & HOIST OPERATOR PROGRAM

301 South Park Avenue

PO Box 200517

Helena, MT 59620-0517

Phone: 406-841-2056 Fax: 406-841-2050

E-mail: [www.buildingcodes@mt.gov](mailto:www.buildingcodes@mt.gov)

Website: <http://www.cranepoperator.mt.gov>

### **INSTRUCTION FOR APPLICATIONS (Reciprocity by National Certification or Reciprocity By Other State and Examination)**

#### **Reciprocity by National Certification**

1. Complete the application in its entirety. Incomplete applications cannot and will not be processed.
2. Submit the application pages 5, 6, 7, 8 & 9 with the required fee to the address above. Make checks or money orders payable to Building Codes Bureau.
3. Provide a copy of NCCCO, CIC, OECP or NCCER Certification or Card.
4. Proof of a current physical dated within the last two years is required before the applicant can be approved for licensure. CDL and DOT physicals will be accepted provided they are dated within the past two years.

<b>MONTANA CRANE TYPES</b>	<b>NCCCO</b>	<b>CIC</b>	<b>OECP</b>	<b>NCCER</b>
<b>CH1-First Class Crane</b> (Friction & Hydraulic cranes over 17.5 tons)	LBT & LBC EXP. AFFIDAVIT SHOWING TONAGE (over 17.5 tons without limitations) PAGE 7	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE
<b>CH2-Second Class Crane</b> (Friction & Hydraulic cranes between 6 – 17.5 tons.)	N/A	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE
<b>HH1-First Class Hydraulic Hoist</b> (Hydraulic cranes over 17.5 tons)	TLL & TSS EXP. AFFIDAVIT SHOWING TONAGE (over 17.5 tons without limitations) PAGE 7	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE
<b>HB2- Second Class Hydraulic Boom</b> (Hydraulic cranes between 6 – 17.5 tons.)	TLL & TSS EXP. AFFIDAVIT SHOWING TONAGE (up to 17.5 tons) PAGE 7	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE
<b>TOWER</b>	TWR	N/A	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE
<b>OVERHEAD</b>	OVR	N/A	DEPENDS ON CRANE AND TONAGE	DEPENDS ON CRANE AND TONAGE

**Reciprocity By Other State**

5. Complete the application in its entirety. Incomplete applications cannot and will not be processed.
6. Submit the application pages 5, 6, 7, 8 & 9 with the required fee to the address above. Make checks or money orders payable to Building Codes Bureau.
7. Provide verification from other Licensing Agency and Copy of License.
8. Proof of a current physical dated within the last two years is required before the applicant can be approved for licensure. CDL and DOT physicals will be accepted provided they are dated within the past two years.

**EXAMINATION INFORMATION**

1. Complete the application in its entirety. Incomplete applications cannot and will not be processed.
2. Submit the application pages 5, 6, 7, 8 & 9 with the required fee to the address above. Make checks or money orders payable to Building Codes Bureau.
3. Certificate of Experience must be signed by a person having actual knowledge of the applicant's past work experience; applicants cannot sign the certificate themselves.
4. Proof of a current physical dated within the last two years is required before the applicant can be approved for licensure. CDL and DOT physicals will be accepted provided they are dated within the past two years.
5. Approved applicants will be notified with a confirmation letter advising them that their exam has been mailed to the specified Job Service (Does not apply to Reciprocity).

The following categories are covered in the examination:

HAND SIGNALS, LOAD CHARTS, RIGGING SITUATIONS, SAFE CRANE SET UP, ELECTRICAL DISTANCES, & BASIC CRANE SAFETY

**SUGGESTED STUDY MATERIAL**

MOBILE CRANE MANUAL & RIGGING MANUAL	available through Construction Safety Association of Ontario 21 Voyager Ct South Etobicoke, Ontario, Canada M9W 5M7 Phone: 800-781-2726 Website: <a href="http://www.csao.org">www.csao.org</a>
IPT'S CRANE AND RIGGING HANDBOOK	available through IPT Publishing PO Box 9590 Edmonton, Alberta, Canada T63 5X2 Phone: (780) 962-4548 Website: <a href="http://www.iptbook.com">www.iptbook.com</a>
AMERICAN NATIONAL STANDARDS ANSI/ASME B30.5	available through American National Standards Institute 22 Law Drive, Box 2900 Fairfield, NJ 07007 Phone: 800843-2763

**EXAMINATIONS ARE GIVEN AT MONTANA LOCAL JOB SERVICES**

Examinations can be given at any time during local Job Service business hours. Applicants will receive an admission letter from our office when their application has been approved and will include the contact information for the Job Service chosen by the applicant. Arrangements to take the exam must be made between the applicant and the Job Service. An applicant that fails the examination must wait 45 days before re-testing. ALL CORRESPONDENCE IS THROUGH THE ADDRESS THE APPLICANT SELECTED AS THE PREFERRED MAILING ADDRESS.

*Please note that it may take up to two (2) weeks for your application to be processed once it is received. Applications are processed in the order they are received. It is your responsibility to ensure enough time for processing and examination before operating a crane. It is a violation of Montana Code Annotated to operate a crane without a valid license issued by the Department.*

**Available Job Service Locations in Montana:**

Anaconda (406)563-3444  
Butte (406)494-0300  
Glendive (406)377-3314  
Havre (406)265-5847  
Lewistown (406)538-8701  
Missoula (406)728-7060  
Wolf Point (406)653-1720

Billings (406)652-3080  
Cut Bank (406)873-2191  
Great Falls (406)791-5800  
Helena (406)447-3200  
Libby (406)293-6282  
Polson (406)883-5261

Bozeman (406)582-9200  
Dillon (406)683-4259  
Hamilton (406)363-1822  
Kalispell (406)758-6200  
Miles City (406)232-8340  
Thompson Falls (406)827-3472

**RENEWAL INFORMATION**

1. \$80.00 Annual Renewal Fee – 1st and 2nd Class License
2. \$50.00 Annual Renewal Fee – 3rd Class License
3. License expires ONE YEAR after the date of issuance.

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### QUALIFICATIONS, EXAMINATION INFORMATION, AND FEE SCHEDULE FOR CRANE OPERATOR LICENSURE

In order to be eligible for the examination, an applicant must have the necessary experience requirements prescribed by the Department of Labor & Industry, as required by Title 50, Chapter 76, Montana Code Annotated.

CLASS	Exam Fees	RATED SIZE	MINIMUM EXPERIENCE
Third Class Crane Oiler	\$60.00	Move Truck Cranes only	Age 18 or older and pass written examination.
First Class Crane Hoist	\$100.00	Friction AND Hydraulic cranes over 17.5 tons	Age 18 or older, no less than 1 year (1000 hrs) experience operating equipment requiring a second class license, passage of a written exam, and submit a current physical taken within the last 2 years
First Class Crane Hydraulic Hoist		Hydraulic cranes over 17.5 tons.	
Second Class Crane Hoist	\$100.00	Friction AND Hydraulic cranes between 6 – 17.5 tons.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of rated size equipment in this category (6 - 17.5 tons), passage of a written exam, and submit a current physical taken within the last 2 years.
Second Class Hydraulic & Boom Truck		Hydraulic cranes between 6 – 17.5 tons	
First Class Crane Gantry & Trolley	\$100.00	Gantry and Trolley crane of any capacity.	Age 18 or older, no less than 1 year (1000 hrs) experience on gantry or trolley cranes, passage of a written exam, and submit a current physical taken within the last 2 years.
First Class Mine Hoist	\$100.00	Mine hoists with engines delivering over 100 brake horsepower.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of mine hoists, passage of a written exam, and submit a current physical taken within the last 2 years.
Second Class Mine Hoist	\$100.00	Mine hoist with engines delivering under 100 brake horsepower.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of mine hoists with engines delivering up to 100 brake horsepower, passage of a written exam and submit a current physical taken within the last 2 years.
First Class Hoist	\$100.00	Hoist cranes over 17.5 tons.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of rated size equipment in this category, passage of a written exam, and submits a current physical taken within the last 180 days of application.
Second Class Hoist	\$100.00	Hoist cranes between 6 – 17.5 tons.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of rated size equipment in this category (6 – 17.5 tons), passage of a written exam, and submit a current physical taken within the 2 years
First Class Tower Crane	\$100.00	Tower cranes over 17.5 tons	Age 18 or older, no less than 1 year experience in the operation of tower cranes (over 17.5 tons), passage of a written exam, and submit a current physical taken within the last 2 years.
Second Class Tower Crane	\$100.00	Tower cranes under 17.5 tons	Age 18 or older, no less than 1 year experience in the operation of tower cranes (under 17.5 tons), passage of a written exam, and submit a current physical taken within the 2 years.

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ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.  
(Please allow 14 days for processing from the date that the Department has received your application)

### TYPE OF LICENSE APPLYING FOR(select only one per application):

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)

OILER:  (Third Class)

APPLICATION BY:  EXAMINATION (See Fee Schedule)  RECIPROCITY (\$80)

Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle

Other Name(s) Known By \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Foreign ID Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please indicate your preferred mailing address. (All correspondence will be mailed to this address)

Home  Business

### Residential Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

### Business (Present Employer) Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Business Name \_\_\_\_\_

**If approved for examination, indicate the Job Service at which you wish to take the examination:** Montana Job Service (Indicate City) \_\_\_\_\_

**All applicants must answer the following questions.**

If you answer "yes", provide a detailed explanation on a separate sheet of paper: YES NO

1. Have you ever previously applied for a license to practice in Montana? 1.    
 Date: \_\_\_\_\_ Results \_\_\_\_\_

Type of license sought/received: \_\_\_\_\_

2. Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document. 2.

3. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. 3.

4. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. 4.

5. Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. 5.

6. Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16<sup>th</sup> birthday. If yes please attach a detailed explanation. 6.

7. Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. 7.

8. Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. 8.

**Crane licenses currently held in Montana or another state. This includes licenses used for reciprocity. (Attach copy of license):**

<u>State</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Class/Type of License</u>	<u>Expiration Date</u>

## CERTIFICATE OF EXPERIENCE AFFIDAVIT

Submit this form with your application after it has been signed by persons who have knowledge of your experience with cranes or hoists.

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**List all types of cranes or hoists that the above named applicant has had experience operating.**

From: MM/YY	To: MM/YY	Company Name	Type Of Crane/Hoist	Choose Style of Crane: Circle One	Operating Capacity (TONS)	Hours of Experience
				Friction Tower Hydraulic Mine		
				Friction Tower Hydraulic Mine		
				Friction Tower Hydraulic Mine		
				Friction Tower Hydraulic Mine		
				Friction Tower Hydraulic Mine		

**Please use additional paper if necessary.**

I hereby certify that the above-named applicant has obtained the necessary experience in the operation of the equipment specified above.

\_\_\_\_\_  
Legal signature of Person Making Statement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Making Statement

## AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Crane Operator Program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

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Legal Signature of Applicant

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Date



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### CRANE/HOIST PHYSICAL EXAMINATION

**IMPORTANT NOTICE:** *First and Second Class Crane/Hoist Operators or applicants require a biennial physical before issuance or renewal of license. New applicants must have a physical done within the last 2 years when submitting an application. Use this form for your physician to report your physical examination. Be sure your physician completes and signs this form before sending it to us along with your license or renewal fee payment. Failure to have this physical examination submitted to us will result in delay in issuance or renewal of your license. Physical Examination Authority refer to MCA 50-76-103(2), (b), (ii).*

CRANE/HOIST OPERATOR: \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ License Number: \_\_\_\_\_  
(If Applicable)

*Physical Examination must be complete under the mandated criteria on the next page.*

MEDICAL PRACTITIONER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### EXAMINER INFORMATION:

Name of Examiner (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

License #: \_\_\_\_\_ Professional Category: \_\_\_\_\_  
(i.e., Medical Practitioner, Physician, Physician Assistant)

I, the undersigned,  DO  DO NOT find in my professional opinion that the above named applicant is physically competent to safely operate crane/hoisting machinery.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **CRANE / HOIST PHYSICAL EXAMINATION MANDATED CRITERIA**

Operators and shall meet the following physical qualifications:

1. Vision of at least 20/30 Snellen in one eye and 20/50 in the other, with or without corrective lenses.
2. Ability to distinguish colors, regardless of position, if color differences are required for operation.
3. Adequate hearing, with or without hearing aid, for specific operation.
4. Sufficient strength, endurance, agility, coordination, and speed of reaction to meet the demands of equipment operation.
5. Operators should have normal depth perception, field of vision, reaction time, manual dexterity, coordination, and no tendencies to dizziness or similar undesirable characteristics.

Evidence of physical defects or emotional instability which would render a hazard to operator or others, or which in the opinion of the examiner could interfere with the operator's performance, may be sufficient cause for disqualification. In such cases, specialized clinical or medical judgments and tests may be required.

Evidence that an operator is subject to seizures or loss of physical control shall be sufficient reason for disqualification. Specialized medical tests may be required to determine these conditions.

**\*\*\*When physically or mentally unfit, an operator shall not engage in the operation of equipment\*\*\***