

STATE OF NEW JERSEY DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT DIVISION OF PUBLIC SAFETY & OCCUPATIONAL SAFETY & HEALTH

CRANE OPERATOR LICENSE

In accordance with N.J.S.A. 2A:17-56.44e each applicant must provide his or her social security number in his or her license application to assist the Department of Labor and Workforce Development (LWD) in the enforcement of the provisions of N.J.S.A. 45:26-1, et seq.

Each social security number will be used as an identifier in LWD's computerized recordkeeping system to aid in the processing of license applications. The social security number will not appear on the actual license.

(TYPE OR PRINT LEGIBLY IN INK, ANSWER A	LL ITEMS AND PROVIDE DOCUMENTATIO	N WHERE INDICATED ON FORM)
SOCIAL SECURITY NO. :	-	
LAST NAME:	FIRST NAME:	MI:
	(STREET ADDRESS)	
(CITY)	(STATE)	(ZIP)
HOME TELEPHONE NO.:	-	
DRIVERS LICENSE NO:	STATE:	
DATE OF BIRTH Day Year	AGE: SEX: HEIGH	IT: FEET INCHES
WEIGHT (CHECK ONE PLEASE)		COLOR NE PLEASE)
(0) UNDER 120 POUNDS (1) 121 TO 140 POUNDS (2) 141 TO 160 POUNDS (3) 161 TO 180 POUNDS (4) 181 TO 200 POUNDS (5) 201 TO 220 POUNDS (6) OVER 220 POUNDS	(6) GREEN	HT BROWN TO YELLOW) OTHERWISE INDICATED)

For five years prior to the date of application, you must disclose to the LWD and attach to the application form the following information: (1) Any previous and pending state or federal civil litigation, with current status; (2) Any previous and pending state or federal administrative actions with current status, pertaining to any state, Federal, local laws or regulations, or both.

Additionally, in accordance with N.J.S.A. 2A:17-56.44d, by signing this application you are hereby certifying, under penalty of law, that 1) you do not have a child support obligation; 2) you have such an obligation, but the arrearage amount does not equal or exceed the amount of the child support payable for six months and any court-ordered health coverage has been provided for in the past six months; 3) you have not failed to respond to a subpoena relating to a paternity or child-support proceeding; or 4) you are not the subject of a child support related warrant. A license shall not be granted to an applicant if there is an arrearage equal to or exceeding the amount of child support payable for six months, the applicant has not provided court-ordered health care coverage during the past six months or the applicant has failed to respond to a subpoena relating to a paternity or child support proceeding or is the subject of a child support related warrant. Any applicant making a false statement in this document may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of the license.

Please indicate	e your <u>present</u> EMP	LOYER information:	
Company Nam	ne:		
Address: City:			
		What is your current position?	
Telephone No.	::	Fax No.:	
must accompa application sha	any this application all be provided wit	edical card and a notarized copy of your NCCCO CERTIFICATION card or its equivalent when returned. Proof that the applicant is at least 18 years of age at the time of the h the application by submitting a notarized photocopy of one or more of the following; County/State Identification; Passport; or Birth Certificate.	
photographs to BACKGROUN must not be we Do not cut yo	aken against a who ND). The photograpearing a hat, dark gla	icense, you <i>must</i> provide two (2) recent, recognizable and identical, color passport size ite background. (<i>DO NOT WEAR A WHITE T-SHIRT OR SHIRT ON A WHITE</i> th must show your entire face and be not less than three quarters of an inch in width. You asses, or any other item which may alter or disguise your facial features in the photographs. e. <i>APPLICATIONS RECEIVED WITH PHOTOGRAPHS TOO SMALL FOR THE RETURNED</i> .	
		ny kind are <u>not</u> acceptable. Please write your name on the back of your photographs. <i>DO ACK OF THE PHOTOGRAPHS</i> .	
OPERATORS fee pro-rated in	S LICENSE must b	issued for up to a five (5) year period. A fee of \$250.00 for a five year CRANE be enclosed with this application for a license; <i>however</i> , a first time licensee may have their heir NCCCO Certification. To obtain this pro-rated amount, please call the Crane Operator 6.	
		der should be made payable to the Commissioner of Labor and should be attached to the BE ACCEPTED) Forward the application and fee to:	
		STATE OF NEW JERSEY DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT ION OF PUBLIC SAFETY & OCCUPATIONAL SAFETY & HEALTH P.O. BOX 386 TRENTON, NEW JERSEY 08625-0386 609-292-5626	
		APPLICANT STATEMENT	
The information	on contained in this a	application is accurate and complete to the best of my knowledge.	
		ation contained in this application is false, I am subject to the penalty provisions of the PRATORS ACT ," N.J.S.A. 45:26-1, et seq.	
I understand th	nat this application is	s subject to verification and I agree to provide any additional documentation as required.	
•	for disclosure of a	be contacted to verify the information I have given in this application and I do hereby give any information which may be needed to determine the validity of this license application	
I submit this a true under pena		se in accordance with my experience stated above. I affirm that the statements given are	
		Subscribed and sworn to before me	
Applicant's Signature/Date	this day of 20		
	Notary Public Notary Seal		
October 2006		My Commission expires on	