



REGULATION AND LICENSING DEPARTMENT
HOISTING PROGRAM
5200 OAKLAND NE
ALBUQUERQUE, NEW MEXICO 87113
505-222-9809---FAX: 505-765-5670
www.rld.state.nm.us/

APPLICATION FOR
HOISTING OPERATOR'S LICENSE WITH
NCCCO CERTIFICATION

Name _____ Telephone Number _____
Area Code

Home Address _____
(City) (State) (Zip)

Social Security Number _____ - _____ - _____ Date of Birth _____ - _____ - _____

If applicable, are you current with your child support payments? ___Yes ___No ___N/A

NOTE: A COPY OF YOUR **CURRENT** NCCCO CERTIFICATION MUST ACCOMPANY THIS APPLICATION. YOUR APPLICATION **WILL NOT** BE ACCEPTED WITHOUT IT.

Please check one:

_____ **Class I** (requires a total of **3 years** work experience *within the past 5 years* in operating hoisting Equipment **PLUS** at least **500** hours of seat time on a crane of the type for which you are applying for.)

_____ **Conventional** (experience must be with conventional cranes with a manufacturer's rating capacity equal to or greater than **50 tons** and a boom length of 100 feet).

_____ **Hydraulic** (experience must be with hydraulic cranes with a manufacturer's rating capacity equal to or **greater than 100 tons** and a boom length of 100 feet).

_____ **Tower**(experience must have been with any size or type of tower crane)

_____ **Class II Hydraulic** (requires a total of **2 years** work experience *within the past 5 years* in operating hydraulic cranes over two **(2) tons** and up to one hundred **[100] tons** lifting capacity with a maximum boom length of one hundred fifty [150] feet, regardless of mounting or means of mobility **PLUS** at least five hundred **[500]** hours of seat time on a crane of the specified type.)

Under penalty of perjury, I swear that the information provided is true and correct to the best of my personal knowledge. I understand that my license may be subject to disciplinary action if the information given and attested to by me herein is determined to be intentionally misleading or fraudulent.

Signature

Date

NOTARY: Signed before me this _____ day of _____ 20____.

NOTARY PUBLIC

COMMISSION EXPIRES

EMPLOYMENT RECORD OF _____

Applicant's Name

THIS FORM MUST BE COMPLETED BY SUPERVISOR OR EMPLOYER

Employer _____

Address _____
 (City) (State) (Zip)

Telephone _____ Supervisor _____

NOTE: DATES OF EMPLOYMENT MUST BE WITHIN THE PAST 5 YEARS

TYPE (CONVENTIONAL, HYDRAULIC OR TOWER)	MAKE	MODEL	TONNAGE	BOOM LENGTH	EMPLOYMENT DATES (must be within last <u>5</u> yrs.)	# OF HOURS
1.					FROM: / /	
					TO: / /	
2.					FROM: / /	
					TO: / /	
3.					FROM: / /	
					TO: / /	
4.					FROM: / /	
					TO: / /	
TOTAL # OF HOURS (MUST EQUAL TO 500 HOURS OR MORE WITHIN THE PAST <u>5</u> YEARS)						

(Photocopy this page and attach additional sheets if necessary)

Under penalty of perjury, I swear that in making this certification, I have not relied on statements made to me by the Applicant or third party(ies), and that the information provided in this certification is true and correct to the best of my personal knowledge.

Please have your application signed and notarized.

Employer/Supervisor Signature

Title

Print Name

Date

NOTARY:

NOTARY PUBLIC

COMMISSION EXPIRES

Place an X next to the classifications in which you have experience:

HYDRAULIC CRANES

- Mechanical Trucks Through 10 tons
- Boom Trucks Through 30 tons
- RT Through 30 tons
- RT Through 60 tons
- RT Through 100 tons
- HYD Through 30 tons
- HYD Through 60 tons
- HYD Through 100 tons
- HYD Above 100 tons

CONVENTIONAL CRANES

- Crawler Through 50 tons
- Crawler Through 150 tons
- Crawler Over 150 tons
- Truck Crane Under 50 tons
- Truck Crane Over 50 tons

TOWER CRANES

- Crawler Truck/Tower Attachment
- Free Standing Tower Crane

In making this certification, I swear under penalty of perjury, that the information provided is true and correct to the best of my personal knowledge. I understand that my license may be subject to disciplinary action if the information given and attested to by me herein is determined to be intentionally misleading or fraudulent.

Signature

Date

NOTARY:

Signed before me this _____ day of _____ 20____.

Please sign and have your application notarized

NOTARY PUBLIC

COMMISSION EXPIRES

BE SURE YOUR APPLICATION IS COMPLETE AND THAT THE FOLLOWING ITEMS ARE INCLUDED:

1. Page two of your application must be completed by your supervisor/employer. Page 2 and 3 must be notarized. Page 2 must verify the following:
 - a. your specific dates of employment **NOTE: Class I** requires a total of **3 years** work experience within the **past 5** and, **Class II** requires a total of **2 years** work experience within the **past 5** years
 - b. type(s) of hoisting equipment operated
 - c. number of specific hours of operation of **each** type of equipment
 - d. **PLUS** a total hours of operation of **500** hours or more of seat time on the appropriate type of equipment you are applying for
 - e. tonnage of hoisting equipment operated
 - f. your supervisor's notarized signature
2. A signed and notarized document for Proof of compliance with Parental Responsibility Act, if applicable.
3. Application fee of \$50.00. (no credit cards accepted)
4. License fee of \$75.00. (no credit cards accepted). **NOTE:** An additional \$25 fee is applicable for a Tower License in addition to the Class I and or Class II License.
5. Make your check payable to the: **Hoisting Program**. You do not need to write 2 separate checks. One check in the amount of \$125 will suffice.
6. Certificate of your Physical Examination (**Note:** must be **current** and **signed** by an MRO (Medical Review Officer aka licensed physician) and **not** the person that withdrew the blood work for you.
7. Drug Screening Report. (**NOTE:** Your Drug Screening Report is **NOT** the same as your Physical Exam and **must** be included with this application. It **must** be signed by your doctor and it **must** indicate that your results are negative. It also must show that you have passed a DOT Drug Screen within the past **12** months. Applications **will not** be accepted without this information.)
8. Copy of **both** sides of your **current** NCCCO (NATIONAL COMMISSION FOR THE CERTIFICATION OF CRANE OPERATORS) Certification.
9. The attached (and original) affidavit stating you have read and agree to comply with the New Mexico Hoisting Operators Safety Act and its Rules.
10. Please allow **2 to 3 weeks** for processing.

AFFIDAVIT OF HOISTING SAFETY ACT AND RULES

I hereby certify that I have been provided with a copy of the State of New Mexico-Regulation and Licensing Department (aka The Department) Hoisting Operators Safety Act and Rules (the Act).

I further certify that I have read and agree to comply with the Act and its Rules. And, if found in violation of these rules, or any violation of the provisions of the Act; I may be subject to the complaints and appeals process in accordance with the Uniform Licensing Act (ULA) or appearing before the Hoisting Operators Licensure Examining Council (the advisory Board to the Office of the Superintendent of the Regulation and Licensing Department) for a hearing.

If found guilty by the Council, the Council will make its recommendation to the Department and the Department may assess any administrative penalty not to exceed one thousand dollars (\$1000) for any violation of the Act, in addition to or instead of revocation or suspension of my license; I may be assessed a civil penalty not to exceed one thousand dollars (\$1000) for each day in which a violation occurs; the Department may reprimand or fine me or suspend or revoke my license, for violation of these rules; the Department may bring an action in a court of competent jurisdiction to enjoin me from violating any provisions of the Act. If the court finds me guilty, I shall be liable for the expenses incurred by the Department in investigating and enforcing the provisions of the Act plus reasonable attorney's fees and costs associated with the court action.

If I am found guilty under the ULA, I am guilty of a misdemeanor and shall be punished by a fine of not less than one hundred (\$100) or more than three hundred dollars (\$300) or by imprisonment for not more than six (6) months or both. Or, I may be subject to a stipulated agreement, an administrative fee and show evidence that I am moving toward compliance with the Act. I may also be liable for expenses incurred by the Department in investigating and enforcing the provisions of the Act plus reasonable attorney's fees and costs associated with the court action.

I further agree to report any incident to the Department shall I be involved in any incident that involves personal injury requiring a hospital stay of 72 (seventy-two) hours or more or damage to property of \$1000 or more within ninety-six (96) hours of the incident.

Applicant's Name (Please print)

Date

Applicant's Signature

NOTARY:

Signed before me this _____ day of _____ 20_____.

NOTARY PUBLIC

COMMISSION EXPIRES