



Maritime Application for Crane Certifier Accreditation

Crane Certification Program
PO Box 44650
Olympia WA 98504-4614
Office: 360-902-4943
Email: LNICranes@Lni.wa.gov

Instructions:

Please read carefully as the program cannot process incomplete applications.

1. Read the WAC's:

1. Safety Standards for Longshore, Stevedore and Waterfront Related Operations – [WAC 296-56-600095 through WAC 296-56-60098](#)
2. Safety Standards for Ship Repairing, Shipbuilding and Ship-breaking [WAC 296-314](#).

2. Submit your application

– Once you have completed this application packet you can submit by either

1. Email the completed application to LNICranes@Lni.wa.gov. *Please note, the original signed application page needs to be mailed to the program to keep on file.*
2. Mail the completed application to: Department of Labor and Industries
Crane Certification Program
PO Box 44650
Olympia WA 98504-4614

3. Provide Required Documents

☐ **Application types of crane inspections performed in the past:**

Attach list noting amount and extent of such inspections within the past five (5) years, for who inspection was accomplished, to whose requirements, and equipment involved, also attach completed worksheets, or equivalent evidence.

☐ **Description of testing instruments, make and model of non-destructive test equipment, etc.**

Attach all test reports less than six (6) months old giving accuracy date for physical testing equipment.

☐ **Attach a resume.**

Resume should include education/training, experience, and any other qualification you feel are relevant that shows testing, examining and inspection cranes/derricks, and other material handling devices.

☐ **Provide a copy** of any valid crane certifier or operator certifications you have held.

☐ **Provide a list** of ports in which applicant currently conducts business, and where applicant wishes to certify.

4. Maritime Board Review

– Your application will undergo a formal review by the Maritime Board, which convenes twice a year in April and October. Maritime applications must be received by March 15th for the April session and September 15th for the October Session. Applications submitted after the deadline will be considered in the next review cycle.



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Applicant Information

| | | |
|-------------------|---------------|----------|
| Name of Applicant | Business Name | |
| Business Address | | |
| City | State | Zip Code |
| Email Address | | |

Type(s) of Cranes and/or Material Handling Devices Certified to inspect (check all that apply)

Experience/Training MUST be shown for each category selected.

| | |
|---|---|
| <input type="checkbox"/> Container Cranes | <input type="checkbox"/> Overhead/Bridge, Jib and Gantry Cranes |
| <input type="checkbox"/> Mobile Cranes | <input type="checkbox"/> Conveyors, Spouts and Suckers |
| <input type="checkbox"/> Articulating Cranes | <input type="checkbox"/> Cargo Handling Gear (i.e. Spreaders, Special Stevedoring Gear, etc.) |
| <input type="checkbox"/> Portal and Pedestal Cranes | |

References

List four (4) who can furnish information regarding cranes and material handling devices inspected by applicant

| | | |
|---------|-------|---------------------|
| Name | Title | Phone Number |
| Address | | City State Zip Code |
| Name | Title | Phone Number |
| Address | | City State Zip Code |
| Name | Title | Phone Number |
| Address | | City State Zip Code |
| Name | Title | Phone Number |
| Address | | City State Zip Code |

The undersigned certifies that all statements have been made in this application are true to the best of his/her belief and grants permission for the Washington State Department of Labor and Industries to contact any persons relative to statement made herein. If granted accreditation, it is understood that the undersigned will comply with all applicable regulations of the Occupational Safety and Health Administration, RCW and WAC.

Signature of Applicant

Date signed

| | |
|--------------------|----------------------|
| Title of Applicant | Daytime Phone Number |
|--------------------|----------------------|