



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 – for general requirements – [WAC 296-155 Part L](#).

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. (Note: All applicants must show at least five (5) years of crane related experience, of which two (2) years must be actual cranes inspection activities.)

☐ **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.**



Construction Application for Crane Certifier Accreditation

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

Applicant Information

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

Type(s) of Cranes to inspect (check all that apply)

Experience/Training MUST be shown for each category selected.

<input type="checkbox"/> Mobile Cranes	<input type="checkbox"/> Overhead/Bridge, Jib and Gantry Cranes
<input type="checkbox"/> Articulating Cranes	<input type="checkbox"/> Tower Cranes and Self Erectors

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
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