



NEW MEXICO REGULATION AND LICENSING DEPARTMENT
HOISTING OPERATORS SAFETY PROGRAM

TONEY ANAYA BUILDING
MAILING ADDRESS: P. O. BOX 25101
SANTA FE, NEW MEXICO 87505
2550 CERRILLOS ROAD, 3RD. FLOOR
TEL: (505) 476-4853 FAX: (505) 476-4619

http://www.rld.state.nm.us/construction/Hoisting_Program.aspx

APPLICATION FOR
HOISTING OPERATORS LICENSE WITH
NATIONALLY ACCREDITED CERTIFICATION
CIC, NCCCO, NCCER, OCEP

Name _____ Telephone Number _____
Area Code _____

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

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

Email _____

If applicable, are you current with child support payments? ____ Yes ____ No ____ N/A

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

Please check one:

_____ **Class I** (Requires a total of **three (3) years** work experience within the **past three (3) years** in operating hoisting equipment. Experience must include 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 **three (3) years** work experience within the **past three (3) years** in operating **hydraulic cranes over ten (10) 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. Applicant's experience must include **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 the _____ 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 3 YEARS

TYPE (CONVENTIONAL, HYDRAULIC OR TOWER)	MAKE	MODEL	TONNAGE	BOOM LENGTH	EMPLOYMENT DATES (must be within last 3 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 PAST 3 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.

Applicant's Signature

Date

NOTARY:

Signed before me this _____ day of _____ 20 ____.

Notary Public

Commission Expire

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 (\$1000) dollars 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 (\$1000) dollars 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) dollars or more than three hundred (\$300) dollars 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 seventy-two (72) hours or more or damage to property of one thousand (\$1000) dollars 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

**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 year (more than 36 months)** work experience within the **past 3 years.**

Class II requires a total of **3 years (more than 36 months)** work experience within the **past 3 years.**

Class III no experience required.

b. Type(s) of hoisting equipment operated.

c. Number of **specific hours** of operation of **each** type of equipment.

d. Total hours of operation of **500 hours or more** of seat time on the appropriate type of equipment for which you are applying.

e. Tonnage of hoisting equipment operated.

f. Your supervisor's notarized signature.

2. A signed and notarized document for proof of compliance with the Parental Responsibility Act, if applicable.

3. Application and License fee is one hundred and twenty-five **(\$125)** (**No Credit Cards Accepted**).

4. Make your check payable to the: **Hoisting Program.**

5. **Certificate of your Physical Examination Note:** Must be **current** and **signed** by a licensed physician. The medical card must be **within the last twelve (12) months.**

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 **an MRO** (Medical Review Officer) and **not** the person that withdrew the blood work for you. It **must** indicate that your results are negative. It also must be **within the last twelve (12) months.**

Applications **will not** be accepted without this information.

8. Copy of **both** sides of your current **Hoisting license** card.

9. Copy of **both** sides of your **Current Nationally accredited license.**

10. The attached (and original) affidavit stating you have read and agree to comply with the New Mexico Hoisting Operators Safety Act and its Rules