



**NMRLD**

NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT

STATE OF NEW MEXICO  
MICHELLE LUJAN GRISHAM, GOVERNOR  
Clay Bailey, Superintendent

**APPLICATION FOR CRANE OPERATORS LICENSE WITH  
NATIONALLY ACCREDITED CERTIFICATION: NCCCO, NCCER, OCEP**

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City)

(State)

(Zip)

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

**Note:** A copy of your **current nationally accredited certificate** must accompany this application. Your application will not be accepted without it.

**Please check applicable:**

\_\_\_\_\_ **Class I**

\_\_\_\_\_ Conventional

\_\_\_\_\_ Hydraulic

\_\_\_\_\_ Tower (Experience must have been with any size or type of tower crane.)

Applicant must be at least 21 years of age, passed an approved written and practical examination, completed a physical examination, including substance abuse testing within the 12 months prior to the date of application showing that the applicant is in satisfactory condition to perform the functions of a Class I crane operator, and satisfactory evidence of completing at least 500 hours of seat time within the last 3 years in the type of crane the applicant is seeking a license and endorsement.

\_\_\_\_\_ **Class II Hydraulic**

Applicant must be at least 18 years of age, passed an approved written and practical examination, completed a physical examination, including substance abuse testing within the 12 months prior to the date of application showing that the applicant is in satisfactory condition to perform the functions of a Class II crane operator, and satisfactory evidence of completing at least 500 hours of seat time within the last 3 years in the actual operation of hydraulic cranes with over 10 tons and up 100 tons lifting capacity with a maximum boom length of 150 feet, regardless of mounting or means of mobility.

\_\_\_\_\_ **Class III Trainee**

Applicant must be at least 18 years of age, passed an approved examination, and completed a physical examination, including substance abuse testing within the 12 months prior to the date of application showing that the applicant is in satisfactory condition to perform the functions of a Class III crane operator.

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

Crane Operators Safety Program  
5500 San Antonio Dr. NE, Albuquerque, NM 87109  
Email: [Kennon.Freamon@rld.nm.gov](mailto:Kennon.Freamon@rld.nm.gov) |  
[www.rld.nm.gov](http://www.rld.nm.gov)





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EMPLOYMENT RECORD OF: \_\_\_\_\_  
Applicant's Name

**THIS FORM MUST BE COMPLETED BY SUPERVISOR OR EMPLOYER**

Employer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Telephone Number: ( ) Supervisor Name: \_\_\_\_\_

**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 YEARS.)	# OF HOURS
1.					FROM: / / TO: / /	
2.					FROM: / / TO: / /	
3.					FROM: / / TO: / /	
4.					FROM: / / TO: / /	

**TOTAL # OF HOURS MUST EQUAL 500  
HOURS OR MORE PER TYPE OF  
EQUIPMENT BEING APPLIED FOR. IT  
MUST BE WITHIN THE 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.

\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Crane Operators Safety Program  
5500 San Antonio Dr. NE, Albuquerque, NM 87109  
Email: Kennon.Freamon@rld.nm.gov |  
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Place an X next to the classifications in which you have experience:

**HYDRAULIC CRANES**

<input type="checkbox"/>	Mechanical Trucks	Through 10 tons
<input type="checkbox"/>	Boom Trucks	Through 30 tons
<input type="checkbox"/>	RT	Through 30 tons
<input type="checkbox"/>	RT	Through 60 tons
<input type="checkbox"/>	RT	Through 100 tons
<input type="checkbox"/>	HYD	Through 30 tons
<input type="checkbox"/>	HYD	Through 60 tons
<input type="checkbox"/>	HYD	Through 100 tons
<input type="checkbox"/>	HYD	Above 100 tons

**CONVENTIONAL CRANES**

<input type="checkbox"/>	Crawler	Through 50 tons
<input type="checkbox"/>	Crawler	Through 150 tons
<input type="checkbox"/>	Crawler	Over 150 tons
<input type="checkbox"/>	Truck Crane	Under 50 tons
<input type="checkbox"/>	Truck Crane	Over 50 tons

**TOWER CRANES**

<input type="checkbox"/>	Crawler Truck/Tower Attachment
<input type="checkbox"/>	Free Standing Tower Crane

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.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**





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

1. Page 2 of your application must be completed by your supervisor or employer and must verify the following:
  - a. Your specific dates of employment.
  - b. Type(s) of crane equipment operated.
  - c. Number of specific hours of operation of **each** type of equipment.
  - d. Total hours of seat time (operation) on the type of equipment for which you are applying.
  - e. Tonnage of crane equipment operated.
  - f. Your supervisor or employer's signature.
2. Application and License fee for Class I, Class II AND Class III is seventy-five (\$75.00).
3. Make your check or money order payable to the: Crane Operators Safety Act Fund.
4. 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.**
5. Drug Screening Report. NOTE: Your Drug Screening Report is **NOT** the same as your Physical Exam and **must** be included with this application. An MRO (Medical Review Officer) and not the person that took the specimen from you must sign it. **IT MUST INCLUDE THE DETAILED REPORT OF THE TESTED SUBSTANCE AND INDICATE THAT YOUR RESULTS ARE NEGATIVE.**  
  
**Drug Screening Report must be within the last twelve (12) months.**  
  
Applications **will not** be accepted without this information.
6. Copy of **both** sides of your **CURRENT NATIONALLY ACCREDITED LICENSE.**

