



DEPARTMENT OF ADMINISTRATIVE SERVICES

Office of the State Fire Marshal  
Crane/Hoisting Operations

**APPRENTICE EMPLOYMENT & SUPERVISION CERTIFICATION**

**Applicant Instructions**

1. Print or Type all information.
2. Upload signed copy to your Apprentice Application at [eLicense.ct.gov](http://eLicense.ct.gov).

**PERSONAL INFORMATION:**

Name: (First, Middle, Last)		
Home Address:		
City/Town:	State:	Zip:

**EMPLOYMENT INFORMATION:**

Company:		
Address:		
City/Town:	State:	Zip:

Date Hired: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

I hereby make application for an Apprentice Crane Operator Registration and certify, under penalty or False Statement (C.G.S. 53a-157), that the information on this form is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYER'S CERTIFICATION:**

I, undersigned, certify that the above Applicant is currently receiving training under a Connecticut Licensed Crane Operator as an Apprentice, to meet the requirements established by the State of Connecticut Crane Operators Examining Board.

Employed By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervised By: \_\_\_\_\_ Connecticut Operators License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_