



DEPARTMENT OF ADMINISTRATIVE SERVICES
OFFICE OF STATE FIRE MARSHAL

APPLICATION FOR A NEW CRANE REGISTRATION

INSTRUCTIONS

1. Print or type all responses.
2. Attach a current inspection report of the crane in accordance with ANSI/ASME B30.5 or OSHA 1926.550 including any deficiencies and corrective action.
3. Submit with an initial registration fee of \$40 payable to **"Treasurer-State of Connecticut"** to:

**OSFM Crane/Hoisting Unit
450 Columbus Blvd., Suite 1304
Hartford CT 06103**

Owner's Name:		
Address:		
City:	State:	Zip:
Telephone Number:		
e-mail address:		

Manufacturer of Crane:	
Type of Crane:	
Serial Number	
Maximum Boom Length:	
Maximum Lifting Capacity:	

I certify that this crane will be operated and maintained in accordance with the *SAFETY CODE FOR THE OPERATION AND MAINTENANCE OF CRANES*, Section 29-223-6a to 29-223-11a, inclusive, of the Regulations of Connecticut State Agencies.

Signature:	Date:
Title:	

For Office Use:

Date Rec'd:	Check #:	Amount = \$40.00
Registration #:		

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