



HOISTING MACHINE OPERATORS CERTIFICATION APPLICATION

PLEASE READ CAREFULLY. APPLICATION MUST BE TYPED OR NEATLY PRINTED IN INK.

TYPE OF APPLICATION: <i>(Check the appropriate box)</i> <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> UPDATE or REPLACEMENT CARD	PREVIOUS HAWAII HMOAB CERTIFICATE NUMBER (if known):
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A. PERSONAL DATA Complete ALL sections below as a criminal history check will be conducted.

NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	BIRTH DATE (MM-DD-YYYY)			
TITLE OR POSITION			EMPLOYER					
BUSINESS ADDRESS		NUMBER	STREET	CITY	STATE	ZIP	COUNTRY (IF NOT U.S.A.)	<input type="checkbox"/> SEND MAIL HERE
HOME ADDRESS		NUMBER	STREET	CITY	STATE	ZIP		<input type="checkbox"/> SEND MAIL HERE
HOME TELEPHONE		INCLUDE AREA CODE		BUSINESS TELEPHONE		BUS. FAX		HOME EMAIL

B. CERTIFICATION REQUIREMENTS Copies of ALL documents below MUST be mailed with the application.

1. ____ **Two current forms of the following identification (Driver's License, TWIC, Passport, Hawaii State ID, Military Identification, AOA, or a notarized copy of Birth Certificate and/or Social Security card):**

a. ID Type _____ Number (if applicable) _____ Expiration Date: _____

b. ID Type _____ Number (if applicable) _____ Expiration Date: _____

2. ____ **Email recent photo** of head and shoulders to HMOAB@hawaii.gov. (**Must be jpeg format**, cellphone camera ok.)

3. ____ **A current copy of your physical examination** (meeting either ASME B30.5 Section 5-3.1.2(a) or ASME B30.3 Section 3-3.1.2(b) requirements):

a. ____ or Department of Transportation Medical Examination certificate Expiration Date: _____

b. ____ or City/County of Honolulu Medical Examination Report Expiration Date: _____

4. ____ **Current photocopy of NCCCO Certificate:** _____ Expiration Date: _____

____ or **current photocopy of EICA Certificate:** _____ Expiration Date: _____

____ or **current photocopy of CIC Certificate:** _____ Expiration Date: _____

(CIC certificates will only be accepted if issued before May 31, 2018 for TLL or Aug 31, 2018 for LBC)

____ or **current photocopy of the NCCER Certificate:** _____ Expiration Date: _____

____ or **current OECF Certificate:** _____ Expiration Date: _____

Specialties: TLL TSS LBC LBT TWR STC OVR BTF Other: _____

5. ____ **Fees: All application/certification fees are nonrefundable. Make checks payable to "Department of Labor."**

a. ____ \$50.00 non-refundable application fee due at the time of application submittal. (*initial applications only*)

b. ____ \$100.00 annual certification fee for ____ year(s) [up to five years but no later than the expiration date of national certification]

C. CRIMINAL HISTORY (Please check appropriate box)

Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes," please explain fully with date(s) of conviction and where it occurred:

D. PHYSICAL OR MENTAL CONDITIONS (Please check appropriate box)

Do you have any condition or impairment (physical, mental, emotional or nervous condition) including disease, injury, illness, substance and/or alcohol abuse) that in any way may affect, impair, restrict, or interfere with your ability to operate or supervise the operation of a hoisting machine safely? Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes," describe the condition or impairment AND any treatment you are receiving for it:

E. SUBSTANCE USE (Please check appropriate box)

Do you use or consume a drug (legal or otherwise) or have an alcohol condition which may affect, impair, restrict, or interfere with your ability to operate or supervise the operation of a hoisting machine safely? Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes" to any of the above, please explain:

F. HOISTING MACHINE ACCIDENT(S)

All accidents must be reported to the Office of the Director of Labor and Industrial Relations within 24 hours.

Have you ever been responsible for or contributed to an accident involving a hoisting machine? Yes <input type="checkbox"/> No <input type="checkbox"/>
If "yes," list all accident dates and details (use additional sheets if necessary):
Date: _____ Details: _____
Date: _____ Details: _____

G. CERTIFICATION

By signing below, I hereby certify all responses and statements on this application are true and complete to the best of my knowledge. Any misrepresentation or omission may be sufficient grounds for the denial or revocation of a Hoisting Machine Operator's Certificate and punishable under the laws of the State of Hawaii.

I understand this application is subject to verification and I agree to provide any additional documentation that may be required.

I agree that outside sources may be contacted to verify the information I have given in this application and hereby consent to the disclosure of any information needed to determine the validity of this application and/or my eligibility for a certificate.

I affirm the statements given are true under penalty of Hawaii State law.

Applicant Signature	Print Name	Date
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**Return this completed form and your personal check, money order or cashier's check (only) to:
Hawai'i Hoisting Machine Operators Advisory Board, c/o Department of Labor and Industrial Relations, 830
Punchbowl Street, Room 114, Honolulu, HI 96813**

Make payable to "Department of Labor" and send jpeg of applicant to HMOAB@hawaii.gov.

Date Received:	Approved by:	Date completed:
Check No.:	Check Date:	Check Amount: