



Division of Occupational Licensure

Office of Public Safety and Inspections

1000 Washington Street, Suite 710, Boston, MA 02118

IMPORTANT INFORMATION FOR HOISTING OPERATORS LICENSES **APPLICANTS PLEASE READ THE FOLLOWING:**

The examination is based on thorough and practical knowledge of all working parts of the hoisting machinery that the applicant is applying for, as well as safe operating practices, safety inspection of the equipment, hand signals and the Massachusetts General Laws and Regulations as they apply to Hoisting. All applicants should know all operating instructions provided by the manufacturer's operating manuals. Crane and Excavator operators shall know the national standard hand signals found in 520 CMR 6.00 in order to pass the crane and excavator examination.

All candidates for the examination should have a thorough knowledge of the Massachusetts General Laws Chapter 146, Sections 53 – 54A and Sections 64 – 67 and the Massachusetts Regulations 520 CMR 6.00 for hoisting machinery. These regulations are printable from the Office of Public Safety and Inspections website at: <http://www.mass.gov/dpl/opsi/>. You may also obtain all of the above Laws and Regulation at your local library, and/or the State House Bookstore at: www.state.ma.us/sec/spr or (617) 727-2834 or in the Springfield area at: (413) 784-1376.

OTHER RESOURCE MATERIALS FOR STUDY MAY BE FOUND AT:

- Construction Safety Regulations: 29 CFR 1926 OSHA (website: www.osha.gov) or 1-800-321-OSHA(6742)
- Dig Safe (www.digsafe.com) or Tel: 1-888-dig-safe(344-7233)
- Owner's Manuals and/or Safety Manuals (<http://www.aem.org> or www.jkeller.com)
- Bob's Rigging and Crane Handbook: Pellow Engineering Services, Inc. Owner: Don Pellow 460 West 50th Street, Kansas City, Missouri 64112-2310 (www.donpellow.com) Phone/Fax: 816-931-4113 or Phone/Fax 1-877-473-5569 Toll free
- The Mobile Crane Manual: Construction Safety Association of Ontario, 21 Voyage Court South., Entobicoke, Ontario M9W 5M7 Canada (www.csao.org) or Tel: 1(800) 781-2726
- Equipment Training Resources, 9245 Reseda Blvd. #740, Northridge, CA 91324 Tel: 1-818-360-5431 Fax: 1-818-360-6758 (www.equiptrain.com)

THE FOLLOWING HOISTING ENGINEER CLASSIFICATION CODES ARE AS FOLLOWS:

1A = All hoisting equipment(except electric and air powered hoisting equipment) including clutch machines, derricks, guy derricks, stiff legs, Chicago booms, gin poles, lattice booms.

1B = Equipment with telescoping booms with or without wire ropes.

1C = Equipment hydraulic telescoping booms without wire ropes and forklifts.

1D = General industrial warehouse Fork Lift equipment primarily used in indoor facilities.

2A = Crawler and rubber-tired excavators, backhoes and loaders.

2B = Backhoes and front-end loaders.

2C = Front-end loaders.

2D = Compact Hoisting Machinery with a gross vehicle weight not exceeding 10,000 pounds, excluding Class 1, Class 3, and Class 4 Hoisting Machinery.

3A = Electric and Pneumatic hoisting equipment.

4B = Drill Rigs

4C = Pipeline Side booms

4D = Concrete Pumps

4E = Catch Basin Cleaners

4F = Sign-Hangers

4G = Specialty Side Boom Mowers.

HA = Hoisting Apprentice (**Note: Must be Registered with the Department of Labor and Workforce Development**) 617-626-5409

HEML = For use by operators employed by a municipal public works department, solely within the scope of their municipal employment, to operate hoisting equipment under the following restrictions: **1C**, **2B**, and **4G**.

EXAMS TAKE PLACE THE LAST WEEK OF THE MONTH (EXCEPT FOR DECEMBER)

[FOR EXAMPLE IF YOUR APPLICATION IS PROCESSED IN JANUARY YOU SIT IN FEBRUARY ETC.]

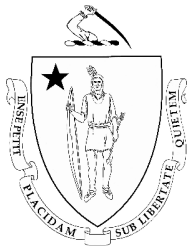
Application for a DOT Medical Certificate and ANSI/ASME B30.5 Medical Qualifications Form are available on the OPSI website:

<http://www.mass.gov/dpl/opsi/>

All applicants must provide:

- 1 photo 2"x2" (Unless Authorization for Release of MA RMV Photo Information Signed-Off)
- A legible copy of a valid driver's license, driver's license learner's permit, or a valid Massachusetts ID
- Copy of DOT Medical Certificate, Intrastate Medical Waiver from the Massachusetts Registry of Motor Vehicles or ANSI/ASME B30.5 Medical Qualifications Form.
- Application processing fee is a Non-Refundable check or money order of \$75 for each restriction made payable to Commonwealth of Massachusetts.
- Applicants: You must be at least 18 years of age.

Please submit only copies of documentation. The Office will not return any original documentation.



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APPLICATION FOR HOISTING LICENSE

Application for License to Operate Hoisting Machinery when motive power is mechanical and other than steam in accordance with the provisions of Massachusetts General Law Chapter 146 section 53.

Application must be filled out in ink and accompanied by the non-refundable processing fee of \$75.00 for each restriction listed below:

CLASS 1 HOISTING	CLASS 2 EXCAVATING	CLASS 3 ELECTRIC & PNEUMATIC	CLASS 4 SPECIALTY
<input type="checkbox"/> 1A - Derricks / Lattice Cranes	<input type="checkbox"/> 2A - Excavators	<input type="checkbox"/> 3A - Electric & Pneumatic	<input type="checkbox"/> 4B - Drill Rigs
<input type="checkbox"/> 1B - Telescoping Boom w/cables cranes	<input type="checkbox"/> 2B - Front end loader/backhoes		<input type="checkbox"/> 4C - Pipeline side booms
<input type="checkbox"/> 1C - Telescoping booms w/o cables, forklifts	<input type="checkbox"/> 2C - Front end loaders / unloaders		<input type="checkbox"/> 4D - Concrete Pumps
<input type="checkbox"/> 1D - General industrial warehouse Fork Lift equipment	<input type="checkbox"/> 2D - Compact Hoisting Machinery		<input type="checkbox"/> 4E - Catch Basin Cleaner
			<input type="checkbox"/> 4F - Sign Hanging Equipment
			<input type="checkbox"/> 4G - Specialty Side Boom Mowers
CLASS HOISTING APPRENTICE	<input type="checkbox"/> HA - Hoisting Apprentice	CLASS MUNICIPAL-LIMITED	<input type="checkbox"/> HEML - Municipal Limited

Processing fee must be in the form of a check or money order made out to the "Commonwealth of Massachusetts"

Check the box if you are requesting examination accommodations due to a disability that substantially limits your ability to perform a major life activity. You must submit an Accommodations Request Form along with the required documentation as part of this application in order for this request to be considered.

Full Name: _____ (Print Legibly) Social Security No.: _____ (Required)

Mailing Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Date of Birth: _____ Email Address: _____ Telephone No.: _____

Name of Employer: _____ Employer's Telephone No.: _____

Employer's Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Have you ever examined for a Massachusetts Hoisting license? YES, when? _____ NO

Do you hold a Massachusetts Hoisting license? YES NO

If YES, list the license number: _____ License Number _____ License Grade _____ Expiration Date _____

Do you hold a valid driver's license, driver's license learner's permit, or a valid Massachusetts ID? (If NO, STOP HERE, and do not continue) YES NO

AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION (MASSACHUSETTS RESIDENTS ONLY)

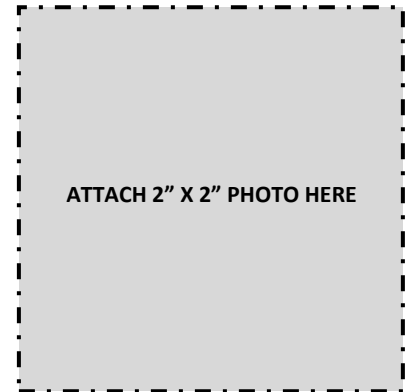
My signature below authorizes the Office of Public Safety and Inspections to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV Photo Release Signature

PREREQUISITES:

ALL of the following items **MUST BE SUBMITTED WITH THE APPLICATION** in order for your application to be processed properly. Failure to submit all required information and proper fee will result in ineligibility to take the exam and forfeiture / loss of processing fee.

- A completed application with proper mailing address and social security number
- Attached 2" x 2" Passport size photo
(Unless Authorization for Release of RMV Photo Information Signed-Off)
- Applicants must be at least **18 years of age**
- A legible copy of a valid **driver's license, driver's license learner's permit,**
or a **Massachusetts ID**
- Copy of **DOT Medical Certificate, Massachusetts Intrastate Medical Waiver,**
or **ANSI/ASME B30.5 Medical Qualifications Form**
- Non-refundable application processing fee (**\$75.00 for each restriction**) in
the form of a check or money order made out to the "**Commonwealth of Massachusetts**"



Under the penalties of perjury I certify that to the best of my knowledge and belief the information in this application is true, I have paid all State Taxes, and I have paid any and all outstanding civil fines owed to the Office of Public Safety and Inspections which are required under Law.

Signature of Applicant

Date

PLEASE MAIL ALL COMPLETED APPLICATIONS, ALONG WITH THE NON-REFUNDABLE APPLICATION PROCESSING FEE, TO THE ADDRESS BELOW:

**DIVISION OF OCCUPATIONAL LICENSURE
OFFICE OF PUBLIC SAFETY AND INSPECTIONS
1000 WASHINGTON STREET, SUITE 710
BOSTON, MA 02118
ATTN: CASHIERS OFFICE**

* **INCOMPLETE APPLICATIONS WILL NOT BE SCHEDULED FOR EXAMINATION UNTIL ALL MISSING DOCUMENTATION IS SUBMITTED.**