

## Division of Occupational Licensure Office of Public Safety and Inspections

1 Federal Street, Suite 0600, Boston, MA 02110-2012

### 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: <a href="http://www.mass.gov/dpl/opsi/">http://www.mass.gov/dpl/opsi/</a>. You may also obtain all of the above Laws and Regulation at your local library, and/or the State House Bookstore at: <a href="http://www.state.ma.us/sec/spr">www.state.ma.us/sec/spr</a> 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.jjkeller.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.
- **<u>1D</u>** = 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

 $\overline{\mathbf{4E}}$  = Catch Basin Cleaners  $\overline{\mathbf{4F}}$  = Sign-Hangers  $\overline{\mathbf{4G}}$  = Specialty Side Boom Mowers.

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

ONCE YOUR APPLICATION IS PROCESS YOU WILL BE SCHEUDLED FOR THE NEXT AVAILIBLE EXAM

VIST https://www.mass.gov/engineering-exam-dates-and-results FOR EXAM SCHEDULE
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.



# **Division of Occupational Licensure**Office of Public Safety and Inspections

1 Federal Street, Suite 0600, Boston, MA 02110-2012

### **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 & PNEUMAT	IC	CLASS 4 SPECIALTY	
1A - Derricks / Lattice Cranes	☐ 2A - Excavators	3A - Electric & Pneumatic		4B - Drill Rigs	
1B - Telescoping Boom w/cables cranes	2B - Front end loader/backhoes			4C - Pipeline side booms	
1C - Telescoping booms w/o cables,	2C - Front end loaders / unloaders			4D - Concrete Pumps	
forklifts  1D - General industrial warehouse	2D - Compact Hoisting Machinery			4E - Catch Basin Cleaner	
Fork Lift equipment				4F - Sign Hanging Equipment	
01.400		01.400		4G - Specialty Side Boom Mowers	
CLASS HOISTING APPRENTICE	HA – Hoisting Apprentice	CLASS MUNICIPAL-LIMITED		HEML – Municipal Limited	
Processing fee must be in the	ne form of a check or money o	order made out to the "Co	mmonwe	alth 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 <u>Accommodations Request Form</u> along with the required documentation as part of this application in order for this request to be considered.					
Full Name:		Social Security	No ·	(Required)	
Full Name:				(Required)	
Mailing Address:	(Street)	(City)	(State)	(Zip Code)	
Date of Birth:	Email Address:	Te	elephone I	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?					
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)					
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					
	MA- RMV Photo F	release Signature			

<b>PREI</b>	REQUISITES:	
	the following items <b>MUST BE SUBMITTED WITH THE APPLICATION</b> in order for	
	y. Failure to submit all required information and proper fee will result in ineligibility t	o take the exam and forfeiture / loss of
process	sing fee.	
0	A completed application with proper mailing address and social security number	
0	Attached 2" x 2" Passport size photo	
O	(Unless Authorization for Release of RMV Photo Information Signed-Off)	
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0	Applicants must be at least 18 years of age	
		ATTACH 2" X 2" PHOTO HERE
0	A legible copy of a valid <u>driver's license</u> , <u>driver's license learner's permit</u> ,	
	or a <u>Massachusetts ID</u>	
$\circ$	Convert DOT Medical Cartificate Magazahusatta Intractata Medical Waiyer	
O	Copy of <u>DOT Medical Certificate</u> , <u>Massachusetts Intrastate Medical Waiver</u> , or ANSI/ASME B30.5 Medical Qualifications Form	
	OI ANSI/ASIME BS0.5 Medical Qualifications I offin	!
0	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"	,
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Inder the penalties of perjury I certify that to the best of my knowledge and belief the information in this application is true, I
nave paid all State Taxes, and I have paid any and all outstanding civil fines owed to the Office of Public Safety and Inspection
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
1 FEDERAL STREET, SUITE 0600
BOSTON, MA 02110-2012
ATTN: CASHIERS OFFICE

 $<sup>^{\</sup>star}$  Incomplete applications will not be scheduled for examination until all missing documentation is submitted.