

**HOISTING ENGINEERS APPLICATION INSTRUCTIONS — PLEASE READ CAREFULLY**

**Applications that are incomplete or missing required documents will not be processed and will be returned to the applicant.**

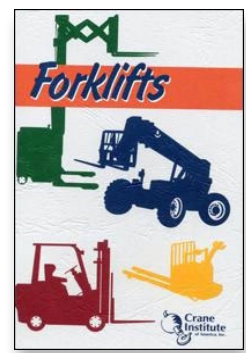
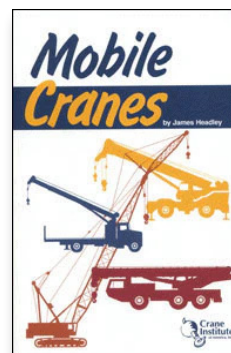
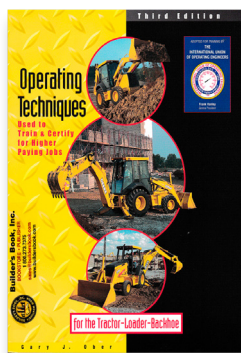
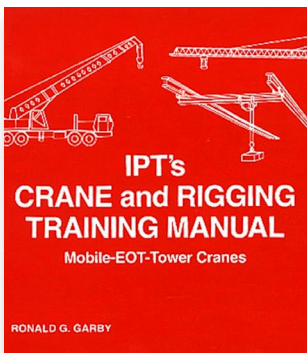
1. Submit a legible government-issued identification (e.g., driver's license or passport) must be attached to the application.
2. Submit the last two (2) pages of this packet with the application signed and **notarized**.
3. Application fee of **\$75.00** is required to process your application. This is a non-refundable application fee. Check or money order should be made payable to the RI Department of Labor and Training. (Credit cards accepted – in person only).
4. Must submit a **notarized statement**, on **company letterhead**, signed by a present or past employer stating all work experience received on Hoisting Engineer equipment. If self employed submit a signed and notarized detailed statement of all work experience on Hoisting Engineer equipment.
5. Applicants applying for Full License, Lattice Crane and Hydraulic Cranes must submit a valid Medical Examiner's Certificate (DOT Health Card) in accordance with Federal Motor Carrier Safety Regulations (49CFR 391.41-391.49) (submit copy of certificate only)

[www.fmcsa.dot.gov/regulations/medical/medical-examiners-certificate-commercial-driver-medical-certification](http://www.fmcsa.dot.gov/regulations/medical/medical-examiners-certificate-commercial-driver-medical-certification)

[www.fmcsa.dot.gov/regulations/medical/medical-examination-report-form-commercial-driver-medical-certification](http://www.fmcsa.dot.gov/regulations/medical/medical-examination-report-form-commercial-driver-medical-certification)

**Recommended Study Material:** [dlt.ri.gov/study-material](http://dlt.ri.gov/study-material)

**View your application status online:** [dltweb.dlt.ri.gov/profregsonline/ApplicationStatus](http://dltweb.dlt.ri.gov/profregsonline/ApplicationStatus)





# RI Department of Labor and Training *Workforce Regulation and Safety*

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## **THIS IS AN IMPORTANT NOTICE**

If you do not understand the enclosed notice, please contact this office in the RI Department of Labor and Training, Division of Workforce Regulation and Safety to speak with a Spanish interpreter. Spanish interpreters are available to assist you. If you are attending a hearing, you cannot use your own interpreter. The Division of Workforce Regulation and Safety will provide an interpreter for you. It is important that you call the Division of Workforce Regulation and Safety at (401) 462-8580 at least seven (7) days prior to your hearing to request an interpreter.

The Division of Workforce Regulation and Safety is responsible to provide interpreter services at no cost to you. You are responsible for requesting these services in accordance with the procedures outlined in this notice.

### **PLEASE NOTE:**

Interpreters are available to assist customers in languages other than Spanish. Please contact the Division of Workforce Regulation at (401) 462-8580 to request an interpreter or written translation in a language other than Spanish.



### Non-Refundable Processing Application Fee

	Computer Code	Application Fee	2 Year License Fee*
<b><u>UNRESTRICTED ENDORSEMENTS:</u></b>			
Full License (see notes 1, 2, 3)	140	\$ 75	\$ 96
Lattice Crane (see note 3)	141	\$ 75	\$ 84
Hydraulic Cranes (see note 3)	142	\$ 75	\$ 84
Aerial Lift	143	\$ 75	\$ 84
Overhead Electric Crane	144	\$ 75	\$ 84
Conveyor Belt	145	\$ 75	\$84
Concrete Pump/Screeding Equipment	146	\$ 75	\$ 84
Const. Forklift/Telehandler (see note 2)	147	\$75	\$ 84
Excavating Equipment	207	\$ 75	\$ 72
Drilling Rig	208	\$ 75	\$ 72

**Note 1.** Must hold valid RI Hoisting Engineer License (Unrestricted) for a minimum of two (2) years to be eligible.

**Note 2.** Must submit a current copy of a forklift safety training evaluation certificate in accordance with OSHA (29CFR 1910.178) Powered Industrial Trucks Regulation.

**Note 3.** Applicants applying for license 140, 141, 142 must submit a valid Medical Examiner’s Certificate (DOT Health Card) in accordance with Federal Motor Carrier Safety Regulations (49CFR 391.41-391.49) (submit copy of certificate only).

**RESTRICTED ENDORSEMENTS:**

Hydraulic Delivery Truck	100	\$ 75	\$ 60
Lattice Crane	101	\$ 75	\$ 60
Hydraulic Cranes	102	\$ 75	\$ 60
Overhead Electric Crane	103	\$ 75	\$ 60
Crane Sign	105	\$ 75	\$ 60
Aerial Lift	106	\$ 75	\$ 60
Segmental Lift Hoist or Segmental Erecting Arm	107	\$ 75	\$ 60
Excavating Equipment	204	\$75	\$ 60

\* Individuals who achieve a passing score of 70 or greater will be invoiced for the License Fee.

# Types of Licenses

**FULL LICENSE** - This license allows the operation of all hoisting and excavating equipment. A full license shall be issued to any person, successfully completing an examination for the same, who previously qualified himself/herself under this chapter, as a hoisting engineer with a valid regular Rhode Island hoisting license for a period of at least two (2) years. (Code 140)

**LATTICE CRANE LICENSE** - This license allows the operation of all lattice boom cranes, derricks, stiff legs, Chicago booms, gin poles, and tower cranes. (Code 141, R101)

**HYDRAULIC CRANE LICENSE** - This license allows the operation of cranes and other machines in which the main boom is hydraulically telescopic. This includes personnel and/or material hoists (as defined in the Rhode Island Elevator Safety Code §§ 10-1.7 and 1.8 of this Chapter, manipulators, winches, spider cranes, vibratory hammers, hydraulic hoists. (Code 142, R102)

**AERIAL LIFT LICENSE** - This license allows the operation of a boom type personnel lift that is hydraulically operated enabling the worker to lift himself/herself into an elevated working position, while lifting material. (Code 143, R106)

**OVERHEAD ELECTRIC CRANE LICENSE** - This license allows the operation of machinery which is electrically operated, that moves along an overhead rail that supports a trolley enabling material to be hoisted from one location to another. (Code 143, R103)

**CONVEYOR BELT LICENSE** - This license allows the operation of a self-propelled crushing and/or reclaiming equipment, and portable conveyors used to move materials. (Code 145)

**CONCRETE PUMP / SCREEDING EQUIPMENT LICENSE** - This license allows the operation of hydraulic pumps which pumps cement products from one location to another, and machines used for screeding freshly poured concrete. (Code 146)

**CONSTRUCTION FORKLIFT/ TELEHANDLER LICENSE** - This license allows the operation of a hydraulic equipment, that does not have a cable winch, but has forks and/or attachments to lift and/or transport material from one location to another, with an extendable boom for height and reach. (Code 147)

**EXCAVATING EQUIPMENT LICENSE** - This license allows the operation of rubber tired, crawler, or robotic equipment (whose primary function is not designed for hoisting) machinery for excavating, grading, demolition, crushing, grinding, reclaiming, paving and compaction of earth or asphalt. (Code 207, R204)

**DRILLING RIG LICENSE** - This license allows the operation of truck or track mounted, rotary type machine used to test and/or excavate the earth. (Code 208)

**HYDRAULIC DELIVERY TRUCK** - This license allows the operator of a supply, delivery, or equipment rental company to only unload their product or equipment at their delivery destination by whatever hydraulic means that is on the transport vehicle. (Code R100)

**SIGN CRANE** - This license allows sign contractors to perform installation and removal of signs only. (Code R105)

**SEGMENTAL LIFT HOIST OR SEGMENTAL ERECTING ARM** - This license allows operation of machinery that is used for hoisting and setting precast concrete segments underground in tunnel construction only. (Code R107)



**HOISTING ENGINEERS — APPLICATION FOR EXAMINATION**

**Application Must be Printed CLEARLY**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name (Last, First + Middle Initial): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home or Mobile Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Exam Applying For: \_\_\_\_\_ Computer Code: \_\_\_\_\_

Do you need this exam in a language other than English?    Yes    No    If yes, what language? \_\_\_\_\_

Employer: \_\_\_\_\_

If Self Employed, Company Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Applicant must answer all questions on both pages truthfully and swear to the same before a NOTARY PUBLIC. Penalties for false information are as itemized in the General Laws of Rhode Island and Addendum. Statement may be investigated and verified for truthfulness.

**General Listing of Work History:**

1. Name of Employer: _____	Type of Work: _____
• Dates Worked: From: _____	To: _____
2. Name of Employer: _____	Type of Work: _____
• Dates Worked: From: _____	To: _____
3. Name of Employer: _____	Type of Work: _____
• Dates Worked: From: _____	To: _____

**Education** - List all education and schooling that you have received in the hoisting engineer trade.

1. Location: _____	Degree/Diploma: _____
• Dates Attended: From: _____	To: _____
2. Location: _____	Degree/Diploma: _____
• Dates Attended: From: _____	To: _____
3. Location: _____	Degree/Diploma: _____
• Dates Attended: From: _____	To: _____

You must list any VALID LICENSES YOU NOW HOLD with the Department of Labor and Training.

1. Type of License: \_\_\_\_\_ 2. Type of License: \_\_\_\_\_ 3. Type of License: \_\_\_\_\_

Listed employers or customers may be sent forms to attest to the truthfulness of all statements on this application and these will have to be sent back to this division, properly notarized, before any action is taken on this licensing test application.

### Public Notary Acknowledgement

In \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
before me personally appeared \_\_\_\_\_ to me known and known by me to be the party(ies)  
executing the foregoing instrument, and he/she/they acknowledged said instrument, by him/her/they executed by them as their  
free act and deed.

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

Notary Signature and Seal: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Submit ONLY this page and the prior page with required documents to:

Rhode Island Department of Labor and Training  
Division of Workforce Regulation and Safety  
Professional Regulation Unit  
PO Box 20247  
Cranston, RI 02920-0943  
Telephone (401) 462-8580

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS AREA

Test Fee Paid: CHECK CREDIT MO Division/Commission Approval for Test

Comments / Date Approved: \_\_\_\_\_

Date Paid: \_\_\_\_\_