

Department of Labor and Industries  
 Division of Occupational Safety & Health  
 PO Box 44650  
 Olympia, WA 98504-4650

Office: (360) 902-4943  
 Fax: (360) 902-5438



# APPLICATION FOR ACCREDITATION

## Cranes/Derricks and other Material Handling Devices

1. In what industry do you want to inspect cranes?  Maritime WAC 296-56 and 296-304  Construction WAC 296-155

2. What types of Cranes and/or Material Handling Devices do you want to inspect? (check)

*You must show experience/training for each category you are applying for.*

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|--|--|
| <input type="checkbox"/> a. All Types (no other blocks need to be checked) | <input type="checkbox"/> f. Portal and Pedestal Cranes (Maritime only)   |
| <input type="checkbox"/> b. Derricks                                       | <input type="checkbox"/> g. Overhead/Bridge, Jib & Gantry Cranes   |
| <input type="checkbox"/> c. Container Cranes (Maritime only)               | <input type="checkbox"/> h. Tower Cranes & Self Erectors   |
| <input type="checkbox"/> d. Mobile Cranes                                  | <input type="checkbox"/> i. Conveyors, Spouts and Suckers (Maritime only)  |
| <input type="checkbox"/> e. Articulating Cranes                            | <input type="checkbox"/> j. Cargo Handling Gear (i.e. Spreaders, Special Stevedoring Gear, etc.) (Maritime only) |

3. Name of Applicant

4. Business Name

5. Business Address

City

State Zip + 4

6. Business Phone No.

7. References – list four (4) who can furnish information regarding cranes & material handling devices inspected by applicant.

Name	Title	Phone No.
Address	City	State Zip + 4
Name	Title	Phone No.
Address	City	State Zip + 4
Name	Title	Phone No.
Address	City	State Zip + 4
Name	Title	Phone No.
Address	City	State Zip + 4

8. Applicable types of crane inspections performed in the past. Attach list noting amount and extent of such inspections within the past five (5) years, for who inspection was accomplished, to whose requirements, and equipment involved; also attach completed worksheets, or equivalent evidence. (Note: All applicants must show at least five (5) years crane related experience, of which two years must be actual crane inspection activities.)

9. Description of testing instruments, make and model of non-destructive test equipment, etc. Attach test reports less than six (6) months old giving accuracy date for physical testing equipment. (if none, so state)

10. Attach a resume outlining education/training, experience, and any other qualifications you feel are relevant that shows testing, examining and inspecting cranes/derricks, and other material handling devices.

*The undersigned certifies that all statements made in this application are true to the best of his/her belief and grants permission for the Washington State Department of Labor & Industries to contact any persons relative to statements made herein. If granted accreditation, it is understood that the undersigned will comply with all applicable regulations of the Occupational Safety & Health Administration, RCW, and WAC.*

Date	Title	Signature of applicant	Daytime phone #
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