

## Renewal Application for Crane Operator's Certificate of Competence

**How to renew online:** Go to <https://dol.ny.gov/mpwr> and log in with your *personal NY.gov* account. If you do not have a personal NY.gov account, select the option to 'Create Account'.

If this is your first time applying online:

- Select 'New Request', then follow the prompts to locate the application for the license type you wish to renew.

If you have previously applied through MPWR:

- Navigate to your License/Permit/Certificate dashboard to locate your current license and select the option to renew.

You should also register for your renewal exam through MPWR

- Select 'New Request', then follow the prompts to apply for crane renewal exam

PRINT CLEARLY

### Applicant's Information

NYS DMV License or ID Number: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Mailing address: (include city, state, zip code)  
\_\_\_\_\_

Email: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

A. Do you or have you ever had epilepsy or heart disease?  Yes  No

B. Do you now suffer an uncorrected defect in vision, hearing or any other physical handicap?  Yes  No

If you answered "Yes" to either A or B, please explain:

### Certification

Are you under an obligation to pay child support? If yes, complete items 1 - 4.  Yes  No

1. I am making payments in accordance with a plan agreed upon by the parties.  Yes  No

2. I am four months or more behind in the payment of child support.  Yes  No

3. My child support obligation is the subject of a pending court proceeding.  Yes  No

4. I am receiving public assistance or supplemental security income.  Yes  No

**Crane Operation Information**

In the last three years, I have operated a crane in my certified class for 300 hours or more.  Yes  No

In the last three years, have you been involved in any accidents while operating a crane which resulted in personal injury or property damage, including damage to the crane?  Yes  No

If you answered "Yes", please explain:

**Attestation:**

I hereby apply for renewal of my Certificate of Competence as a crane operator and certify that the information on this form is correct to the best of my knowledge.

I authorize the DOL and the DMV to produce an ID card bearing my DMV photo. I understand that DOL will send this card to the address I maintain with DOL. I also understand that DOL and DMV will use my photo to manufacture all my subsequent ID cards for as long as I maintain my license/certification with the DOL.

In order to complete this form, you must provide certain personal information. The authority to collect this information is found in the New York State Labor Law. You also understand that by signing this you are granting permission to the Commissioner of Labor to provide access to your Unemployment Insurance (U.I.) benefit file.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(To electronically sign, download form and open in Adobe Acrobat Reader)  
Free reader at: <https://get.adobe.com/reader/>

**Directions:**

Print clearly and mail with a check or money order for \$150 to the following address:

New York State Department of Labor  
Division of Safety and Health  
License & Certification Unit  
1220 Washington Avenue  
Building 12, Room 161A, Albany, NY 12226

**Must also include the following form:**

SH832 Crane Renewal Exam Sign up sheet, which can be completed at <https://dol.ny.gov/mpwr>.

**Remarks:**

<b>For Office Use Only</b>	
<b>Disposition:</b>	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
Reviewer's Initials: _____	Date: _____