



TRAINING | FIELD SERVICES | CERTIFICATION | BOOKSTORE | E-LEARNING | WEBINARS | WORKSHOPS

Cranes • Rigging • Lift Planning • Engineering

Mobile Crane Inspector Level II Application

Applicant Name: _____

Title: _____

Company Name: _____

Company Mailing Address: _____

City, State, Zip/Postal Code: _____

Company Phone Number: _____

Fax Number: _____ Email: _____

The above named individual has successfully completed ITI's Level I Mobile Crane Inspector Program on the _____ day of _____, _____.

day month year

Applicant Statement: I have acquired a minimum of 20 hours of hands-on inspection on each designated crane type below, which has been verified by my supervisor.

I, _____ attest to the fact that the above named individual has
supervisor

performed a minimum of 20 hours hands-on field inspection on the crane types designated below and has sufficient experience to perform the work:

Lattice Boom

Telescoping Boom

Signature-Supervisor or Company Rep.

Date

Signature-Participant

Date

Please submit completed form online at www.iti.com/level2.