



Certificate of Unit Test and/or Examination Of  
Crane, Derrick or Other Material Handling Device

Certificate Number:

Unit Number:

Company Name:

Address:

Location: A) Remains at Worksite    B) Changes Worksite    C) On Barge

(If A or C describe)

Manufacturer:

Model #:

Serial #:

Type of Machine:

Maximum Rated Capacity:

Boom Description at Time of Survey: Length:

Type:

Load Test Information

Radius	Proof Load	Rated Load

Description of Proof Load:

Basis for Assigned Load Ratings:

Remarks or Limitations:

I certify that on \_\_\_\_\_ the above device was \_\_\_\_\_ by the undersigned authorized representative who, in their opinion, said the unit \_\_\_ (did) \_\_\_ (did not) meet the requirements of \_\_\_\_\_

Matthew Hottenstein  
 Signatory Authority

Authorized Representative  
 Today's Date: