

State of California

**Limited Certified Qualified Conveyance Company (CQCC)**

**This certification shall be limited to a person, firm, or corporation that maintains or repairs solely Special Purpose Personnel Elevators on cranes that utilize a rack and pinion system in marine terminals.**

**1. Company Information**

Specify nature of business (more than one box may be checked if appropriate).

- Maintenance       Repair

Specify form of business:

- Corporation     Partnership     Limited Liability Company (LLC)     Sole Ownership with employee(s)     Sole Ownership with no employee     Public Entity

**Sole Owner Mechanic Fee Exemption. For Sole Ownership (with no employee), owner must qualify as mechanic but is only required to pay the fee for company qualification. A separate application for mechanic certification must be submitted.**

Business/Company Name \_\_\_\_\_ Classification \_\_\_\_\_ CSLB # \_\_\_\_\_ Lic. Exp. Date (mm/dd/yyyy) \_\_\_\_\_

Business/Company Address \_\_\_\_\_ (City, State, Zip + 4) \_\_\_\_\_

Business Officer/ Partner/ Sole Owner \_\_\_\_\_ Title \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Residence Address \_\_\_\_\_ (City, State, Zip + 4) \_\_\_\_\_

Business Officer/ Partner \_\_\_\_\_ Title \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_ email address \_\_\_\_\_  
Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ (City, State, Zip + 4) \_\_\_\_\_

\_\_\_\_\_ How many years has the company been engaged in the business of maintenance and repair of crane elevators?

**Company maintains copies of all applicable codes related to the conveyance being maintained or repaired. All branch and field offices of the company in the State of California shall have these codes available for use by any CCCM employed by the company.**

**2. Certification Type**

**Applicant understands that this Certification does not release the applicant from obtaining any other license which may be required by the California State Licensing Board or any other agency.**

**Limited Certification.** The applicant should check the appropriate box, complete the application including endorsement by the company in Section 13, and submit the application to the Division for processing. **This certification limits the applicant through their designated individual as a CQCC on Special Purpose Personnel Elevators on cranes that utilize a rack and pinion system in marine terminals. Any company with limited certification that works on conveyances beyond those, for which the company has been certified, may risk losing this certification.**

- Special Purpose Personnel Elevators on cranes that utilize a rack and pinion system in marine terminals.

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## Limited Certified Qualified Conveyance Company (CQCC)

### 3. Qualifying Individual Information

A qualifier may qualify individually or on behalf of a firm or corporation if they have five years work experience at the journey person level in the crane maintenance industry. This experience must include maintenance and repair of crane elevators.

First Name	Middle Initial	Last Name	Drivers License Number or Other State Issued ID #	State
Residence Address			(City, State, Zip + 4)	
State	Zip + 4	( )	Phone	( )
Business/Company Address			(City, State, Zip + 4)	
Email Address		( )	Phone	( )
				Fax

### 4. Qualifying Individual's Work History

**Experience:** Describe duties and dates of employment evidencing at least 5 years work experience at a journey person level or higher in the crane maintenance industry performing maintenance or repair of crane elevators. This experience must be verified directly by a Supervisor of a recognized crane maintenance company.

From (mm/yyyy)	To (mm/yyyy)	Job Title		
Hours per Week	Total Worked ____years ____months	Company (Current or most recent employer)	CSLB No.	
			CQCC No.	
Supervisor	Phone	Address		

Description of Duties (Be Specific to Type of Device)

From (mm/yyyy)	To (mm/yyyy)	Job Title		
Hours per Week	Total Worked ____years ____months	Company (Previous employer)	CSLB No.	
			CQCC No.	
Supervisor	Phone	Address		

Description of Duties (Be Specific to Type of Device)

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**5. Verification of Experience**

Verification of employment is required. Five years of employment as indicated in Section 4 shall be verified directly by the employer by completing this section. Without this verification the application cannot be processed.

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.			
Signature	Print Name	Title	Date

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.			
Signature	Print Name	Title	Date

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.			
Signature	Print Name	Title	Date

**6. Education and Training**

Additional Information: Explain or list additional skills, aptitudes, educational courses or degrees that may add to qualifying individuals qualifications. List trade certifications, continuing education training courses, and other certifications. Include dates of training and provide a copy of course certificate showing evidence of total hours of attendance. List other relevant employment as applicable.

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## Limited Certified Qualified Conveyance Company (CQCC)

### 7. Second Qualifying Individual (Optional)

The company has the option to qualify a second individual. Please complete the section below. A second qualifying individual may qualify on behalf of the company with 5 or more years of experience at the journey person level in the crane maintenance industry.

First Name	Middle Initial	Last Name	Drivers License Number or Other State Issued ID #	State
Residence Address			(City, State, Zip + 4)	
State	Zip + 4		( ) Phone	( ) Fax
Business/Company Address			(City, State, Zip + 4)	
Email Address			( ) Phone	( ) Fax

### 8. Second Qualifying Individual's Work History

**Experience.** Describe duties and dates of employment evidencing at least 5 years work experience at a journey person level or higher in the crane maintenance industry performing maintenance or repair of crane elevators. This experience must be verified directly by a Supervisor of a recognized crane maintenance company.

From (mm/yyyy)	To (mm/yyyy)	Job Title		
Hours per Week	Total Worked ____ years ____ months	Company (current or most recent employer)	CSLB No.	
			CQCC No.	
Supervisor	Phone	Address		

Description of Duties (Be Specific to Type of Device)

From (mm/yyyy)	To (mm/yyyy)	Job Title		
Hours per Week	Total Worked ____ years ____ months	Company (previous employer)	CSLB No.	
			CQCC No.	
Supervisor	Phone	Address		

Description of Duties (Be Specific to Type of Device)

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## Limited Certified Qualified Conveyance Company (CQCC)

### 9. Verification of Experience (second person)

Verification of employment is required. Five years of employment as indicated in Section 4 shall be verified directly by the employer by completing this Section. Without this verification the application cannot be processed.

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.			
Signature	Print Name	Title	Date

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.			
Signature	Print Name	Title	Date

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.			
Signature	Print Name	Title	Date

### 10. Education and Training (Second Person)

Additional Information: Explain or list additional skills, aptitudes, educational courses or degrees that may qualify you as a Certified Competent Conveyance Mechanic in the State of California. List trade certifications, continuing education training courses and other certifications. Include dates of training and provide a copy of course certificate showing evidence of total hours of attendance. List other relevant employment as applicable.

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### 11. Qualified Individuals' Signatures

*I certify under penalty of perjury that the personal information on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the certification process.*

Signature (Required)	Date (mm/dd/yyyy)
Signature (Second Person) (If applied)	Date (mm/dd/yyyy)

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**12. Required Documentation**

The applicant shall attach a copy of the following documentation necessary to complete the processing of this application. Any documentation not submitted will result in a delay of the certification process.

- A list of branch offices conducting business in the State of California. This list shall include the branch office business address, contact name, contact telephone number, fax number, and email address (if available).
- Policy or certificate of insurance for general liability coverage of not less than one million dollars (\$1,000,000) for injury or death of any one person or persons in any one occurrence, and with coverage of not less than five hundred thousand dollars (\$500,000) for property damage in any one occurrence.
- Policy or certificate of insurance of worker's compensation insurance coverage, if applicable.

**13. Company Affidavit**

I certify under penalty of perjury that the information disclosed in this application, including employment experience of the qualifying individuals is verified as true and accurate information.

_____ Business Officer Signature	_____ Print Name	_____ Title	_____ Date (mm/dd/yyyy)
_____ Company Name	_____ Address (City, State, Zip + 4)	_____ ( )	_____ Phone
_____ Business Officer Signature	_____ Print Name	_____ Title	_____ Date (mm/dd/yyyy)
_____ Company Name	_____ Address (City, State, Zip + 4)	_____ ( )	_____ Phone

The application fee for the initial bi-annual Certification shall be seven hundred dollars (\$700.00). **The Renewal fee shall be one hundred and forty dollars (\$140.00).** The fee shall be attached to this application as a check made out to the Department of Industrial Relations, Elevator Safety Account. Renewal of this certification will be considered upon submittal of a completed renewal application available from the Elevator, Ride, and Tramway Unit. All fees are non-refundable as provided in California Labor Code section 7311.4(b).

**Note: A company operating as a CQCC shall not hold concurrent certification as a CQCIC.**

Completed applications may be returned to the following address:

State of California  
Division of Occupational Safety and Health  
Elevator, Rides and Tramway Unit, Certification Section  
1750 Howe Avenue, Suite 420  
Sacramento, CA 95825  
Phone: (916) 274-5709 Fax (916) 263-1957