



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

Authorized Representative
Today's Date:

Matthew Hottenstein
Signatory Authority

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