

**Application for Accreditation to Perform Gear Certification Functions**

**U.S. DEPARTMENT OF LABOR  
Occupational Safety and Health Administration**



No accreditation may be granted unless a completed application form has been received (29 CFR 1919).

Pursuant to the Occupational Safety and Health Act and to the Longshoremen's and Harbor Workers' Compensation Act, as amended, and regulations issued thereunder, all persons seeking accreditation, in whole or in part, to perform gear certification functions are required to file an original and duplicate copy of this application form with the Occupational Safety and Health Administration, Attn. U.S. Department of Labor, Office of Maritime Enforcement, Room N-3610, 200 Constitution Ave, NW, Washington, D.C. 20210. The information furnished in this form shall be certified by the applicant. If applicant is an agency or organization, a responsible officer shall execute the certification.

Form Approved  
OMB No. 1218-0003  
(See reverse for Paperwork Reduction Act Notice.)

1. Work applied for (check)

<input type="checkbox"/> a. Full gear certification functions-vessels	<input type="checkbox"/> e. Shore-based material handling devices
<input type="checkbox"/> b. Loose gear and/or wire rope testing	<input type="checkbox"/> f. Other (explain) _____
<input type="checkbox"/> c. Heat Treatments	<input type="checkbox"/> g. Limitations (e.g., work applied for limited to cranes, barge-mounted equipment, etc.)
<input type="checkbox"/> d. Non-destructive examination (state methods)	_____

2. Full Name of Applicant	3. Telephone
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4. Business Address

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5. Locations in which applicant intends to operate

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6. List four (4) references who can furnish information regarding work performed by applicant (include full name of individual to be contacted, title, and full address):

a. _____	b. _____	c. _____	d. _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Applicable types of work performed in the past. (Attach list noting amount and extent of such work performed within the past 3 years, for whom done, to whose survey, to whose requirements, listing representative vessels and/or equipment involved and attaching representative job orders, if available, or equivalent evidence.)

\_\_\_\_\_

8. Description of testing instruments an/or heat treatment furnaces, make and model of non-destructive examination equipment, etc., if any. Attach test reports less than 6 months old giving accuracy data of physical testing equipment.

\_\_\_\_\_

9. Submit a resume of the training and experience of each individual who will be testing, examining, inspecting and/or heat treating cargo gear and other equipment. This shall include the applicant an/or all responsible managerial, supervisory, and survey personnel who may be acting on behalf of the applicant.

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The undersigned certifies that all statements made in this application are true to the best of his/her knowledge and belief and grants permission for the Occupational Safety and Health Administration to contact any persons relative to statements made herein. If granted accreditation, it is understood that the undersigned will comply with all applicable regulations of the Occupational Safety and Health Administration.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Paperwork Reduction Act Notice

Public reporting for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. If you have any comments regarding this estimate or any other aspect of this information collection, including suggestions for reducing this burden, please send them to OSHA's Office of Maritime Enforcement, Room N-3610, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM OR COMMENTS TO OMB