Department of Labor and Industries
Division of Occupational Safety & Health
PO Box 44650
Olympia WA 98504-4650 Office: (360) 902-4943
Email: LNICranes@Lni.wa.gov Fax: (360) 902-5438

NOTICE OF DEFICIENCIES
(Crane/Derrick Certification Examination)

Name of Owner	Owner's Address:			Permanent Sticker ID #
Name of Lessee	Lessee Address:			
Description:	Serial #:	Model #:	Owner's ID #:	Crane Location:

The undersigned, being authorized to do so, hereby tenders notification of the following deficiencies, found during test and/or examination of the described equipment in accordance with the requirements of Washington State Safety Standards for Longshore, Stevedore & Related Waterfront Operations (WAC 296-56), Safety Standards for Ship Repairing, Shipbuilding & Ship Breaking (WAC 296-304), or Safety Standards for Construction Work (WAC 296-155) as applicable, to constitute in the opinion of the undersigned a currently unsatisfactory condition:

This Material Handling Device was Inspected per: ☐ **WAC 296-56** ☐ **WAC 296-304** ☐ **WAC 296-155**

Use additional sheets if required

Under the applicable requirements of WAC 296-56, WAC 296-304 and WAC 296-155 the issuance of any certificate of test and/or examination is prohibited until such time as correction of deficiencies have been verified by the undersigned. It is further required that the certifying authority notify the Assistant Director of Department of Labor and Industries, of the above circumstances, by copy of this notice.

NOTE: ***This notice is for use and issuance only by persons specifically authorized by the Assistant Director of the Department of Labor & Industries to conduct examinations of equipment required to be certificated. Use of this notice by unauthorized persons is prohibited.***

Date:	Accredited Certifier's Name (please print)	Accredited Certifier's ID #
Certifier's Phone #	Address	Signature of Accredited Certifier

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