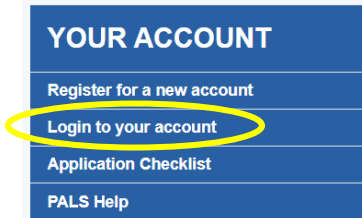


2026 Crane Renewal Instructions

Five Easy Steps

Step #1 – LOG IN TO YOUR ACCOUNT

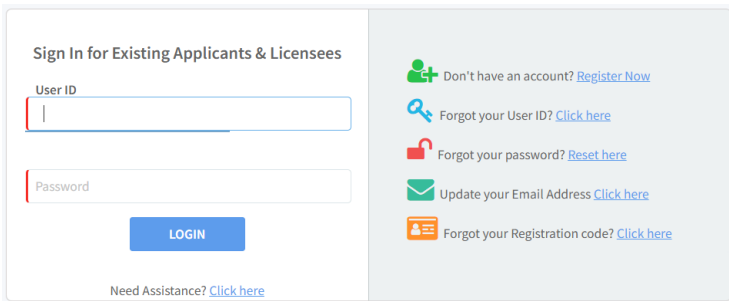
Go to www.pals.pa.gov and log into your account (left side):



YOUR ACCOUNT

- Register for a new account
- Login to your account**
- Application Checklist
- PALS Help

Type in your User ID and Password (*If you forgot your User ID or Password, please use the right column to retrieve this information*):



Sign In for Existing Applicants & Licensees

User ID

Password

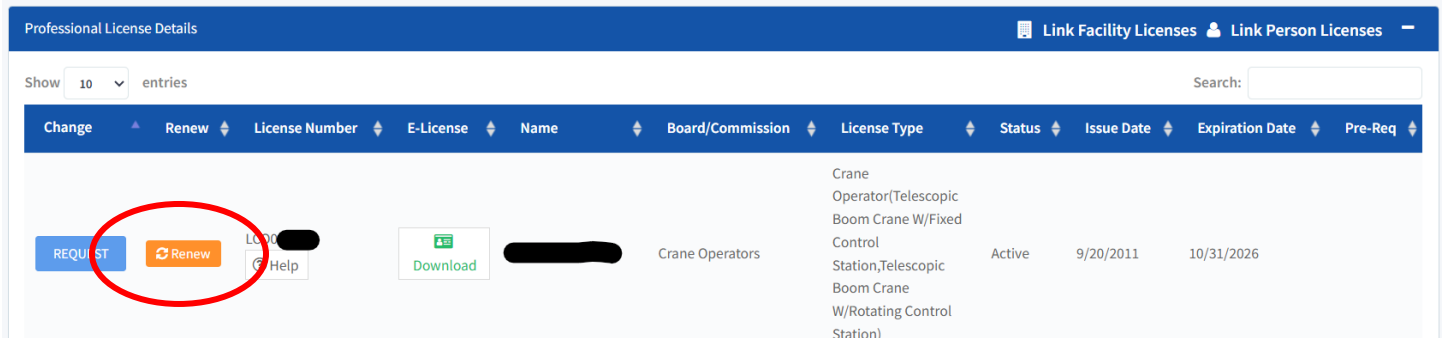
LOGIN

Need Assistance? [Click here](#)

- Don't have an account? [Register Now](#)
- Forgot your User ID? [Click here](#)
- Forgot your password? [Reset here](#)
- Update your Email Address [Click here](#)
- Forgot your Registration code? [Click here](#)

Step #2 – ACCESS RENEWAL AND ANSWER QUESTIONS

On your Dashboard, click on the RENEW button, located next to your license number, under the Professional License Details banner:



Professional License Details

Link Facility Licenses Link Person Licenses

Show 10 entries Search:

Change	Renew	License Number	E-License	Name	Board/Commission	License Type	Status	Issue Date	Expiration Date	Pre-Req
REQUIREMENTS	Renew		Download		Crane Operators	Crane Operator(Telescopic Boom Crane W/Fixed Control Station,Telescopic Boom Crane W/Rotating Control Station)	Active	9/20/2011	10/31/2026	

Your online renewal application will open and populate your personal information at the top. Scroll down to the questions.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you been examined by a physician and determined to be physically capable of operating a crane?

☒ Yes ☐ No

Please indicate the expiration date of your most recent physical examination certificate.

MM/dd/yyyy



Please select date

Have you been examined by a physician and determined to be physically capable of operating a crane?

Form MCSA 5875 OMB No. 2128-0006 Expiration Date: 03/31/2028

Public Burden Statement
A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2128-0006. Public reporting burden for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are voluntary and comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Medical Programs Division, Federal Motor Carrier Safety Administration, 1201 New Jersey Avenue, SE, Washington, D.C. 20590.

Medical Examiner's Certificate
(For Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with (please check only one):
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.63 (Federal))
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State registration requirements

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: _____

Medical Examiner's Signature _____ **Medical Examiner's Telephone Number** _____ **Date Certificate Signed** _____
Medical Examiner's Name (please print or type) _____
☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____
Medical Examiner's State License, Certificate, or Registration Number _____ **Issuing State** _____ **National Registry Number** _____

Driver's Signature _____ **Driver's License Number** _____ **Issuing State/Province** _____
Driver's Address _____
Street Address: _____ City: _____ State/Province: _____ Zip Code: _____ **CLP/CDL Applicant/Holder**
☐ Yes ☐ No

Enter This Expiration Date onto the Renewal Application for the above question.

Step #3 –REVIEW SPECIALTIES

***Please review the specialties listed within your renewal application.**

SPECIALTIES:

Pennsylvania Licenses Five (5) Crane Specialties Only: Lattice Boom Crawler (LBC), Lattice Boom Truck (LBT), Telescopic Boom with Fixed Control Station (TSS), Telescopic Boom with Rotating Control Station (TLL), and Tower Crane (TWR) (National Certification Numbers are provided on your national certification card from one of the following organizations – NCCCO, NCCER, CIC, EICA, OECP) The following Specialties are listed in your Pennsylvania Licensing file. If you have any changes, please correct the chart below.

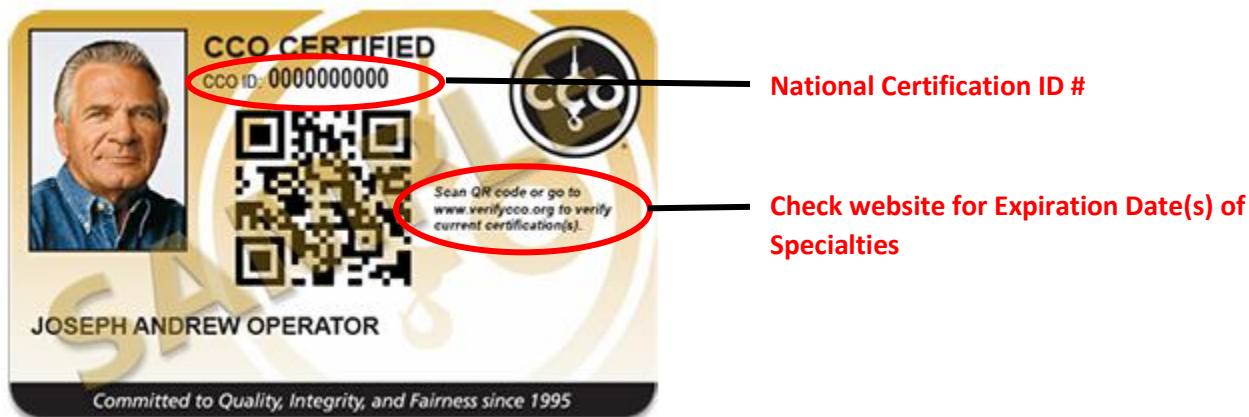
SPECIALTY	CERTIFYING ORGANIZATION	CERTIFICATION NUMBER	EXPIRATION DATE	
Telescopic Boom Crane W/Fixed Control Station	NCCCO	123456789	05/31/2031	
Telescopic Boom Crane W/Rotating Control Station	NCCCO	123456789	05/31/2031	
+ To add another row please click +				

***If the information listed is CORRECT, continue to the next section on the renewal (Step 4).**

***If the information listed is NOT CORRECT, please follow these instructions:**

Incorrect Information Listed	Instructions to Correct
Specialties	To ADD a Specialty – Click on the ‘+’ sign located under the grid to add a row. Fill in the information for your new specialty. You must also follow the instructions below*. To REMOVE a Specialty – Click on the red trash can icon to Delete the specialty. You must also follow the instruction below*. *Go to your dashboard and click on the REQUEST button next to your license number. Select Add/Remove Specialties. Enter the Specialties that you ARE certified in and upload your medical exam card. Pay the application fee (\$70 to add 1-4 specialties/\$5 to remove 1-4 specialties)
National Certifying Organization or Certification Number	Correct the grid above and list the correct national organization or Certification Number for the specialty. Email ra-crane_operators@pa.gov with updated certification card.
Expiration Date – Incorrect or Showing Expired Date (Prior to 11/01/2026)	Correct the grid above and list the correct expiration date for the specialty. Email ra-crane_operators@pa.gov with updated certification card.

For NCCCO Holders:



(For all other National Certifying Organizations – Your certification card should contain your certification ID number. If needed, please contact your organization to obtain your Certification ID and correct Expiration Dates of your Specialties.)

Step #4 – COMPLETE REMAINING AREAS

PA VETERANS REGISTRY:

Have you served in the U.S. Armed Forces?

☐ Yes ☐ No

ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT AND CERTAIN CRIMINAL ACTIVITY:

I hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am REQUIRED pursuant to Act 6 of 2018 to NOTIFY the Bureau of Professional and Occupational Affairs WITHIN 30 DAYS of the occurrence of any of the following:

(1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction;
(2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board. I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at www.pals.tfp.pa.gov and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

☐ I CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS ABOVE.

Signature

Please type your name.

Date

8/18/2026



VERIFICATION STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards/Commissions to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards and commissions must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. Additionally, if applicable, Social Security Numbers are required in order for the Board/Commission to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

☐ I CONFIRM THAT I HAVE READ AND AGREE TO THE TERMS ABOVE.

Signature

Please type your name.

Date

8/18/2026



Save

Continue

Step #5 – CONTINUE, REVIEW, CHECK OUT AND PAY

Save

Continue

Click CONTINUE to get to the Review Page

On the next page, review your application and click on the red ADD TO CART button:

Review Your Application

You cannot make any changes to your application once it is submitted to the Board/Commission.

Add to Cart

Check the box in the 'teal' shaded area to select what you are paying for. Check the box that you agree that all fees are non-refundable. Click on the PROCEED TO PAYMENT green box.

Check Out : You may continue adding additional items to your cart. [Click here](#) to go to the dashboard.

Total: \$130.00

Click box to the left of each item you wish to pay for at this time and proceed to payment.

	S.No	Item	Quantity	License Number	Fee	Price	
☒	1	RENEWAL APPLICATION	1		130	\$130.00	

Your available Credit: \$ 0

☒ All fees are non-refundable. Please check to continue with your transaction.

Empty Cart

Proceed to Payment

Once your transaction is complete you will receive a confirmation message and reference number. This may take a few moments. Please do not close your browser or navigate away from this page until the confirmation is received OR YOUR TRANSACTION MAY NOT BE COMPLETED.



Payment Alert!

It may take 30 minutes for your transaction to process. Please check your account after 30 minutes to verify the transaction was successful.

After you submit your credit card details, the payment may take up to 5 minutes to finish processing. Please wait until you receive a confirmation of successful payment before closing any browser windows or screens.

Cancel

Ok, Proceed further

A Payment Alert will pop up. Click 'Ok, Proceed further'

Payment

Cardholder First Name *	Cardholder Last Name *	
Cardholder Billing Address *	City *	
Country *	State *	Zip *
United States of America	-----Select-----	
Email *	Phone	
Reference 1		
Card Number *	Expiration *	CVV *
	MM/YY	
Transaction Amount		
130.00		

☐ I am Human 

Submit

Complete the Payment form and click on 'Submit'



When you are on your Payment Confirmation Page, your renewal application will be queued for review. Please allow 5-7 business days for your renewal application to be processed.

Your renewal application will show under the Activities banner on your dashboard. Under the 'Description' column, it may show that Items are not received. These will be manually changed when your application is reviewed.

REMINDER:

If your National Certification Expiration date of any Specialty will expire between 11/01/2026 to 10/31/2028: This is a reminder that you will need to provide the Board Office with your national renewal certificates when you recertify your specialties with your national certifying organization at that time. **This is mandated by Pennsylvania Laws and Regulations, and it is YOUR responsibility and NOT the responsibility of your national certifying organization to provide this information to the Board.** Your National Certifications must be up to date on your file with the Pennsylvania Board Office accordingly.

If the Expiration date of your Physician's Medical Certificate will expire between 11/01/2026 to 10/31/2028: Regulations require a Licensed Crane Operator to always hold a valid medical examination certificate. This is a reminder that you will need to provide the Board Office with your updated medical examination certificate to keep your file up to date once you have been examined and a new Medical Examination Certificate is received. **This is mandated by Pennsylvania Laws and Regulations, and it is YOUR responsibility to provide this information to the Board.**