File No:	
Customer No:	
Date of Load Test:	



Load Test Certificate							
Inspector:  Equipment Location:		Company Name Address1					
			City, State, Zip				
Item	Unit ID No	Manufacturer	Serial No	Capacity	Load Applied		
3121					nC		
Notes:							
We hereby ce	rtify that the a	above items hav	ve been load tes	ted by Cranete	ch Inc.		
Signature of Inspector				Date			
		Pass	ed		10		
We appreciate you	r business, sho	uld you have any q	uestions or concerr	ns please contact	our office.		