

PLEASE COMPLETE AND RETURN

PRINT CLEARLY

Local Union: _____

NAME: _____
Last First Middle Initial

ADDRESS: _____
Street City State Zip

PHONE: _____
Area Code Home Phone Area Code Other Phone (specify)

SS # _____ **Reg #** _____ **DOB** _____

Please check the equipment you are qualified to operate.

DIRT EQUIPMENT	PIPELINE	CRANES
BLADE	BENDING MACHINE	BOOM TRUCK
BLADE FINISH	BLADE	CHERRY PICKER
BOB CAT	BORING MACHINE	CONV. CRAWLER
DOZER	CLAM/Drag LINE	CONV. TRK MOUNTED
DOZER-FINISH	DITCHING MACHINE	FORKLIFT
DRILLS	DOZER	FOUNDATION DRILL
FORKLIFT	FORKLIFT	FRICTION CRANE
FOUNDATION DRILL	FOREMAN	HYD RT
HOIST	GREASE TRUCK	HYD TRK MOUNTED
ROLLER	HYDRAULIC SIDEBOOM	TOWER CRANE
RUBBER TIRE LOADER	JOHN HENRY	
SCRAPER	KG BLADE	
SKREED/CONCRETE	LIVE SIDEBOOM	
TRACK HOE	MECHANIC	
TRACK LOADER	RUBBER TIRE BACKHOE	
	TRACK HOE	
	VACHOE	
	WINCH TRUCK	

Please check the Certifications/Licenses that you hold:

- | | | | | | |
|---|------------------------|--------|-----|--------|-----|
| <input type="checkbox"/> CDL - A | Expiration date: _____ | Hazmat | ___ | Tanker | ___ |
| <input type="checkbox"/> CDL - B | Expiration date: _____ | | | | |
| <input type="checkbox"/> CCO Lattice Crawler | Expiration date: _____ | | | | |
| <input type="checkbox"/> CCO Lattice Truck | Expiration date: _____ | | | | |
| <input type="checkbox"/> CCO Large Telescopic | Expiration date: _____ | | | | |
| <input type="checkbox"/> CCO Small Telescopic | Expiration date: _____ | | | | |
| <input type="checkbox"/> Forklift | Expiration date: _____ | | | | |
| <input type="checkbox"/> HAZWOPER | Expiration date: _____ | | | | |
| <input type="checkbox"/> OSHA Safety | Expiration date: _____ | | | | |
| <input type="checkbox"/> PLCA Certification | Expiration date: _____ | | | | |
| <input type="checkbox"/> Pipeline Qualification | Expiration date: _____ | | | | |