

**APPRENTICE STATUS REPORT**

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**ALWAYS TO BE COMPLETED**

PLEASE PRINT CLEARLY

Name \_\_\_\_\_ Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

If change of address or phone, please check: \_\_\_\_\_ Registration No. \_\_\_\_\_

Street and Mail Address (P. O. Box, if applicable) \_\_\_\_\_

\_\_\_\_\_

City and Zip \_\_\_\_\_

Preferred Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cellular Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**This report is being completed for the following reason, please check appropriate block.**

Monthly Report _____	Date Employed ____/____/____
Change of Status _____	Date Unemployed ____/____/____
Change of Licenses and/or Certificates _____	Reason Why _____

**Employment Status-Working with current employer as of what date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Contractor \_\_\_\_\_

Contractor's Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax No.(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Journey Person \_\_\_\_\_ Assignment/Machine \_\_\_\_\_

Duties \_\_\_\_\_ Work Hours \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Comments/Notes/Updates:

\_\_\_\_\_

\_\_\_\_\_

**TURN OVER**

**APPRENTICE STATUS REPORT (CONTINUED)**

**Drivers License Classifications (Please check the one you have as of this report).**  
 A\_\_\_\_ B\_\_\_\_ C\_\_\_\_ D\_\_\_\_ \*None\_\_\_\_ Out of State\_\_\_\_

\*Reason why \_\_\_\_\_  
 C.D.L. Endorsements - General Knowledge \_\_\_\_ Air Brakes \_\_\_\_ Hazmat \_\_\_\_  
 Combination \_\_\_\_ Tankers \_\_\_\_ Doubles \_\_\_\_ Passengers \_\_\_\_  
 Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If applicable, please complete permit information:  
 Permit Number \_\_\_\_\_ For Classification \_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 D.O.T. Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hoisting License (Please check which one you have if any.)**  
 None\_\_\_\_ Apprentice License \_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 1A \_\_\_\_ 1B \_\_\_\_ 1C \_\_\_\_ Hoisting License  
 2A \_\_\_\_ 2B \_\_\_\_ 2C \_\_\_\_ Excavating License  
 3A \_\_\_\_ Electric and Air  
 4A \_\_\_\_ 4B \_\_\_\_ 4C \_\_\_\_ 4D \_\_\_\_ Specialty  
 Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Certificates (Please check which one you have, if any.)			Expiration or Completion
			Dates:
C.P.R.	Yes ____ No ____	Expiration	____/____/____
First Aid	Yes ____ No ____	Expiration	____/____/____
Forklift	Yes ____ No ____	Expiration	____/____/____
Hazmat 40	Yes ____ No ____	Expiration	____/____/____
Hazmat Refresher (if applicable)	Yes ____ No ____	Expiration	____/____/____
O.S.H.A.	Yes ____ No ____	Completion	____/____/____

**CCO (Please Check which one you have if any.)**  
 Date of Written Exam \_\_\_\_/\_\_\_\_/\_\_\_\_ Date(s) of Practical(s) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_ Large Telescopic \_\_\_\_ Lattice Boom Crawler \_\_\_\_ Overhead Crane  
 \_\_\_\_ Small Telescopic \_\_\_\_ Lattice Boom Truck \_\_\_\_ Tower Crane  
 Practicals Complete? \_\_\_\_\_ CCO Certification Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

**Request appointment with Coordinator** \_\_\_\_\_

You acknowledge that all information stated on this report is accurate and that all data will be updated immediately when changes occur (i.e., change of employment status, change of address, etc.) **If you have received a new license or certificate, you must submit a copy to this office. Any questions, do not hesitate to call (781) 821-0306.**

**ALWAYS COMPLETE INFORMATION BELOW:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Year of Apprenticeship \_\_\_\_\_

(Revised August 28, 2007)