

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 _____	Reason Why _____
and/or Certificates _____	_____

Employment Status-Working with current employer as of what date ____/____/____
Comments/Notes/Updates:
Contractor _____
Contractor=s Address _____

Check to request an appointment with the Coordinator _____

Reason for appointment _____

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 ____/____/____
 Date of Hoisting License Test ____/____/____
 Classification(s) you are testing for _____
 Hoisting License ID assigned by DPS _____
Certificates (Please check which one you have, if any.)

		Expiration/Completion Dates:		
C.P.R.	(Annually)	Yes ____	No ____	____/____/____
DSW	(No expiration)	Yes ____	No ____	____/____/____
First Aid	(1 st and 4 th Years)	Yes ____	No ____	____/____/____
Forklift	(Every 3 Years)	Yes ____	No ____	____/____/____
Hazmat 40	(1 st Year)	Yes ____	No ____	____/____/____
Hazmat Refresher	(Annually)	Yes ____	No ____	____/____/____
O.S.H.A.	(No expiration)	Yes ____	No ____	____/____/____

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

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 or e-mail office@local4training.org.

ALWAYS COMPLETE INFORMATION BELOW:

Print Name _____ Signature _____

Year of Apprenticeship _____

(Revised August 5, 2009)