

APPRENTICE STATUS REPORT

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

PLEASE PRINT CLEARLY

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

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

Name \_\_\_\_\_ If change of address or phone, please check: \_\_\_\_\_

Last 4 digits of Social Security No.- \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

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

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

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

**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 \_\_\_\_\_ Job Location \_\_\_\_\_

Comments/Notes/Updates:  
\_\_\_\_\_  
\_\_\_\_\_

Check to request an appointment with the Coordinator \_\_\_\_\_

Reason for appointment \_\_\_\_\_

**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 <sup>st</sup> and 4 <sup>th</sup> Years)	Yes _____	No _____	____/____/____
Forklift	(Every 3 Years)	Yes _____	No _____	____/____/____
Hazmat 40	(1 <sup>st</sup> 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 16, 2010)