

APPRENTICE STATUS REPORT

DATE ____/____/____
ALWAYS TO BE COMPLETED

PLEASE PRINT CLEARLY

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

Change of Status _____	Date Employed ____/____/____
Change of Licenses _____ and/or Certificates _____	Date Unemployed ____/____/____
	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) _____

City and Zip _____

Preferred Phone (____) _____ - _____ Home (____) _____ - _____

Cellular 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 _____

NUMBER OF HOURS WORKED TO DATE (CURRENT YEAR)

Comments/Notes/Updates:

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 _____ 4E _____ 4G _____
 Expiration Date _____ / _____ / _____
 Date of Hoisting License Test _____ / _____ / _____ Hoisting License # HE- _____
 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.	(1 st and 3 rd Years)	Yes _____	No _____	____ / ____ / ____
DSW	(No Expiration)	Yes _____	No _____	____ / ____ / ____
First Aid	(1 st and 3 rd 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) _____ / _____ / _____
 _____ Large Telescopic _____ Lattice Boom Crawler _____ Overhead Crane
 _____ Small Telescopic _____ Lattice Boom Truck _____ 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.**

ALWAYS COMPLETE INFORMATION BELOW:

Print Name _____ Signature _____
 Year of Apprenticeship _____

(Revised September 5, 2017)