

STATEMENT OF EXPERIENCE – TOWER CRANE

Type of equipment (only enter the type equipment you have operated)

Enter employer's name and dates employed	Enter type of equipment, lifting capacity & hours		
Name: Address: From: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
Name: Address: Form: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
Name: Address: From: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
Name: Address: From: To:	Type: Lifting Capacity: Hours:	Type: Lifting capacity Hours:	Type: Lifting capacity: Hours:
Name: Address: From: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
Name: Address: From: To:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:	Type: Lifting capacity: Hours:
	Total Hours:	Total Hours:	Total Hours:

*Add additional sheets if necessary, all information above must be supported with employer(s) letters.