













## 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.