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:	Туре:	Type:	Туре:
Address:	Lifting canacity	Lifting consoits	Lifting canacity
From:	Lifting capacity:	Lifting capacity:	Lifting capacity:
To:	Hours:	Hours:	Hours:
Name:	Туре:	Type:	Туре:
Address:			_
Farm	Lifting capacity:	Lifting capacity:	Lifting capacity:
Form: To:	Hours:	Hours:	Hours:
10.	Tiours.	Tiours.	Tiours.
Name:	Type:	Type:	Type:
Address:			
	Lifting capacity:	Lifting capacity:	Lifting capacity:
From:			
То:	Hours:	Hours:	Hours:
Name:	Type:	Type:	Type:
Address:			
	Lifting Capacity:	Lifting capacity	Lifting capacity:
From:			
То:	Hours:	Hours:	Hours:
Name:	Type:	Type:	Type:
Address:			
	Lifting capacity:	Lifting capacity:	Lifting capacity:
From:			
То:	Hours:	Hours:	Hours:
Name:	Type:	Type:	Туре:
Address:			
	Lifting capacity:	Lifting capacity:	Lifting capacity:
From:			
То:	Hours:	Hours:	Hours:
	Total	Total	Total
	Hours:	Hours:	Hours:

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