

**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) \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_ Shift 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

4B \_\_\_\_\_ 4C \_\_\_\_\_ 4D \_\_\_\_\_ 4E \_\_\_\_\_ 4F \_\_\_\_\_ 4G \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Hoisting License Test \_\_\_\_/\_\_\_\_/\_\_\_\_

Classification(s) you are testing for \_\_\_\_\_

Hoisting License ID assigned by DPS \_\_\_\_\_

Elevator Operator License # \_\_\_\_\_

TWIC:

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Certificates (Please check which one you have, if any.)

**Expiration/ Completion  
Dates:**

C.P.R.	(1 <sup>st</sup> and 3 <sup>rd</sup> Years)	Yes _____	No _____	____/____/____
First Aid	(1 <sup>st</sup> and 3 <sup>rd</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) \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ 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 August 10, 2021)