

Apprentice Registration Sheet

Out of work list must be signed every thirty days to keep your name actively on the list!

Date: _____ Year of School: _____ Register #: _____
Name: _____ Dues Paid for Month of: _____
Address: _____ Union Initiation Date: _____
_____ Phone Number: _____

List the equipment you have training on at Local 37's Training School or job site!

CCO Certifications

_____ Lattice Boom Expires _____
_____ Telescopic Large Expires _____
_____ Telescopic Small Expires _____
_____ Tower Crane Expires _____

Other Certifications

_____ OQ Pipeline Expires _____
_____ Sediment Erosion (Green Card) Expires: _____

Other Certifications

_____ 40 Hazmat Expires _____
_____ OSHA 500 Expires _____
_____ TWIC Card Expires _____
_____ DC License Expires _____
_____ First Aid Expires _____
_____ Signal Expires _____
_____ Rigging Expires _____
_____ Steward Class Expires _____
_____ Forklift Expires _____

Transportation: Yes ___ No ___ Drivers License: Yes ___ No ___
CDL: _____ Class: _____ Endorsements _____

Other remarks or equipment not listed: _____

I certify that the answers to the above questions are true and feel my assignment to work can be fairly based on this questionnaire. I also understand that giving false information may constitute cause for discharge or removal from work and denial of any referrals by referral office from the date of this application forward.

Signature: _____

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