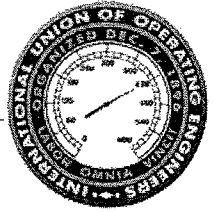


QUALIFICATIONS REGISTER



DATE: _____

NAME: _____ LOCAL NO: _____

ADDRESS: _____ SOCIAL SECURITY #: _____

CITY: _____ STATE: _____ ZIP: _____

LAST EMPLOYER: _____ PHONE NUMBER: _____

E-MAIL ADDRESS: _____

PLEASE READ: THE FOLLOWING INFORMATION WILL BE USED FOR REFERRALS FOR WORK. MARK ONLY THE TYPES OF WORK YOU CAN DO AND EQUIPMENT THAT YOU CAN OPERATE PROFICIENTLY ENOUGH TO BE REFERRED ON. DO NOT MISREPRESENT YOURSELF! IT IS YOUR RESPONSIBILITY TO KEEP THE OFFICE UP TO DATE ON THE FOLLOWING INFORMATION.

TYPE OF WORK	YEARS OF EXPERIENCE
<input type="checkbox"/> ASPHALT	_____
<input type="checkbox"/> BUILDING	_____
<input type="checkbox"/> CONCRETE	_____
<input type="checkbox"/> CRANE	_____
<input type="checkbox"/> DREDGE	_____
<input type="checkbox"/> DIRT	_____
<input type="checkbox"/> DISTRIBUTION	_____
<input type="checkbox"/> MAINLINE PIPELINE	_____
<input type="checkbox"/> SAND PLANTS & QUARRIES	_____
<input type="checkbox"/> SEWER	_____

LICENSES/CERTIFICATIONS/ QUALIFICATIONS	YEARS HELD	EXPIRATION
<input type="checkbox"/> OECP		
<input type="checkbox"/> BOOM TRUCK	_____	_____
<input type="checkbox"/> LATTICE BOOM	_____	_____
<input type="checkbox"/> TELESCOPIC BOOM	_____	_____
<input type="checkbox"/> TOWER	_____	_____
<input type="checkbox"/> OVERHEAD	_____	_____

LICENSES/CERTIFICATIONS/ QUALIFICATIONS	YEARS HELD	EXPIRATION
<input type="checkbox"/> CPR	_____	_____
<input type="checkbox"/> FIRST AID	_____	_____
<input type="checkbox"/> TWIC	_____	_____
<input type="checkbox"/> RED BADGE	_____	_____
<input type="checkbox"/> OSHA 10 HOUR	_____	_____
<input type="checkbox"/> OSHA 30 HOUR	_____	_____
<input type="checkbox"/> MSHA	_____	_____
<input type="checkbox"/> FORK LIFT CERTIFIED	_____	_____
<input type="checkbox"/> SIGNAL PERSON/RIGGER	_____	_____
<input type="checkbox"/> FLAGGER	_____	_____
<input type="checkbox"/> PIPELINE OQ	_____	_____
<input type="checkbox"/> CCO		
<input type="checkbox"/> LARGE HYDRO	_____	_____
<input type="checkbox"/> SMALL HYDRO	_____	_____
<input type="checkbox"/> LATTICE BOOM TRUCK	_____	_____
<input type="checkbox"/> LATTICE BOOM CRAWLER	_____	_____
<input type="checkbox"/> TOWER	_____	_____
<input type="checkbox"/> OVERHEAD	_____	_____
<input type="checkbox"/> ARTICULATING BOOM	_____	_____

EQUIPMENT AND YEARS OF EXPERIENCE (CIRCLE R FOR ROUGH AND F FOR FINISH)	YEARS HELD	EXPIRATION
<input type="checkbox"/> DOZER, R OR F	_____	_____
<input type="checkbox"/> TRACK ENDLOADER R OR F	_____	_____
<input type="checkbox"/> ENDLOADER RUBBER	_____	_____
<input type="checkbox"/> MOTOR SCRAPER	_____	_____
<input type="checkbox"/> CAT & SCRAPER	_____	_____
<input type="checkbox"/> SKIDLOADER	_____	_____
<input type="checkbox"/> PUSH CAT	_____	_____
<input type="checkbox"/> BOX BLADE	_____	_____
<input type="checkbox"/> ROLLER SHEEP FOOT	_____	_____
<input type="checkbox"/> HOE TRACK	_____	_____
<input type="checkbox"/> HOE RUBBER	_____	_____
<input type="checkbox"/> HOE PACK	_____	_____
<input type="checkbox"/> MOTOR GRADER, R OR F	_____	_____
<input type="checkbox"/> FORK LIFT	_____	_____
<input type="checkbox"/> WELDER	_____	_____
<input type="checkbox"/> MECHANIC (OWN RIG Y / N)	_____	_____
<input type="checkbox"/> GROUP GREASER	_____	_____
<input type="checkbox"/> AIR TACK DRILLER	_____	_____
<input type="checkbox"/> JET PUMPS	_____	_____
<input type="checkbox"/> SWITCH LOCOMOTIVE	_____	_____
<input type="checkbox"/> POWDER MAN	_____	_____

EQUIPMENT AND YEARS OF EXPERIENCE (CIRCLE R FOR ROUGH AND F FOR FINISH)

<input type="checkbox"/> ASPHALT PLANT	_____	<input type="checkbox"/> HOE VAC	_____
<input type="checkbox"/> ASPHALT PAVER	_____	<input type="checkbox"/> PIPE LAYER	_____
<input type="checkbox"/> ASPHALT DISTRIBUTOR TRUCK	_____	<input type="checkbox"/> BENDING MACHINE	_____
<input type="checkbox"/> ASPHALT ROLLER - FINISH	_____	<input type="checkbox"/> DITCHING MACHINE	_____
<input type="checkbox"/> ASPHALT ROLLER - BREAKDOWN	_____	<input type="checkbox"/> TRACK SIDEBOOM	_____
<input type="checkbox"/> ASPHALT MILLING MACHINE	_____	<input type="checkbox"/> RT SIDEBOOM	_____
<input type="checkbox"/> ASPHALT SCREED	_____	<input type="checkbox"/> SKIDDER	_____
 		<input type="checkbox"/> WINCH TRUCK	_____
<input type="checkbox"/> CONVENTIONAL CRANE	_____	<input type="checkbox"/> BORING MACHINE	_____
<input type="checkbox"/> TRUCK CRANE	_____	<input type="checkbox"/> DIRECTIONAL DRILL	_____
<input type="checkbox"/> TOWER CRANE	_____	<input type="checkbox"/> JOHN HENRY	_____
<input type="checkbox"/> OILER	_____	<input type="checkbox"/> YARD CRANE	_____
<input type="checkbox"/> ROUGH TERRAIN CRANE	_____	<input type="checkbox"/> M SCOPE	_____
<input type="checkbox"/> ALL TERRAIN CRANE	_____	<input type="checkbox"/> COATING MACHINE	_____
<input type="checkbox"/> CLAM	_____	 	
<input type="checkbox"/> DRAGLINE	_____	<input type="checkbox"/> CONCRETE PLANT	_____
<input type="checkbox"/> PILE DRIVER	_____	<input type="checkbox"/> CONCRETE MILLING MACHINE	_____
<input type="checkbox"/> INTRUSION PILING	_____	<input type="checkbox"/> CONCRETE PAVER	_____
<input type="checkbox"/> TOWER ATTACHMENT	_____	<input type="checkbox"/> CONCRETE SCREED	_____
<input type="checkbox"/> DERRICK CRANE	_____	<input type="checkbox"/> CONCRETE FINISH MACHINE	_____
<input type="checkbox"/> OVERHEAD CRANE	_____	<input type="checkbox"/> CONCRETE PAVEMENT BREAKER	_____
<input type="checkbox"/> CAISSON RIG	_____	<input type="checkbox"/> CONCRETE CMI SUBGRADER	_____
 		<input type="checkbox"/> CONCRETE GROUT PUMP	_____
<input type="checkbox"/> ENGINEER ON DREDGE	_____	<input type="checkbox"/> CONCRETE PUMP	_____
<input type="checkbox"/> LICENSE BOAT OPERATOR	_____	<input type="checkbox"/> CONCRETE BELT TRUCK	_____
<input type="checkbox"/> LEVERMAN	_____	<input type="checkbox"/> CONCRETE CRUSHER	_____
<input type="checkbox"/> DECK MAN	_____		
<input type="checkbox"/> SAFETY BOAT	_____		

THIS STATEMENT MUST BE COMPLETED AND SIGNED: I DO NOT [] DO [] WANT MY ADDRESS, PHONE NUMBER, AND/OR SOCIAL SECURITY NUMBER RELEASED TO ANY PERSON FOR ANY PURPOSE OTHER THAN FOR EMPLOYMENT REFERRALS.

MEMBER'S SIGNATURE