

IHSA MOBILE CRANE OPERATOR COURSE PROOF OF EXPERIENCE FORM

PLEASE COMPLETE ALL SECTIONS

(Please complete a separate form for each employee)

Employer: _____

Address: _____

Contact: _____

Phone: _____

Fax: _____

Email: _____

I hereby certify that our employee, _____
has had over 100 hours of **hands on** mobile crane operating experience with us on the
following equipment:

Crane make and model: _____

Crane lift capacity: _____

Crane lift attachment(s): _____ (if applicable)

Employee's Name: _____

Address: _____

Phone: _____

Email: _____

MCO 3 Day program start date: _____

Name of person certifying that the above-mentioned employee has over 100 hours
of **hands on** mobile crane experience (please print): _____

Signature of person certifying that the above-mentioned employee has over 100
hours of **hands on** mobile crane experience: _____

Date: _____

Form to be completed and returned to mcopoeform@ihsa.ca.
Following review, a Customer Service Representative will reach out to
register the participant noted above.