

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 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
previous mobile crane experience (please print) : _____

Signature of person certifying that the above mentioned employee has over 100 hours
of previous mobile crane experience: _____

Date: _____

Please return completed form to mcopoeform@ihsa.ca
no later than 1 week before program start date.