PLEASE COMPLETE THE FOLLOWING CHART WITH REGARDS TO THE MACHINERY THAT THE APPLICANT OPERATED UNDER *YOUR DIRECT* SUPERVISION

FOR OFFICIAL USE ONLY ***DO NOT MARK***	**REQUIRED** MACHINE MAKE & MODEL # (one per box)	CRANES & DERRICKS NUMBER (if available)	MACHINE DESCRIPTION (Check Only One)	TIME PERIODS YOU SUPERVISED THIS APPLICANT OPERATING THIS MACHINE	LENGTH OF THE MACHINE BOOM SIZE	MAXIMUM CAPACITY IN LBS.	WHAT WAS THE MACHINE RATED CAPACITY	WAS THIS MACHINE EXCLUSIVELY USED FOR THE ERECTION, MAINTENANCE OR REMOVAL OF SIGNS	LOCATION WHERE APPLICANT OPERATED MACHINE
			☐ **WHEEL MOUNTED** with a single control station with telescoping, hydraulic or folding booms, including jibs and any other extensions to the boom ☐ **BOOM TRUCK** with a telescoping, hydraulic or folding booms, including jibs and any other extensions to the boom	Start Date: _____ End Date: _____	With Jib: Without Jib: Total Length:		Ton	☐ Yes ☐ No If no please explain:	State: City/County:
			☐ **WHEEL MOUNTED** with a single control station with telescoping, hydraulic or folding booms, including jibs and any other extensions to the boom ☐ **BOOM TRUCK** with a telescoping, hydraulic or folding booms, including jibs and any other extensions to the boom	Start Date: _____ End Date: _____	With Jib: Without Jib: Total Length:		Ton	☐ Yes ☐ No If no please explain:	State: City/County:
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This page may be copied if additional entries are needed. **APPLICANT NAME:** _____ **LICENSEE SIGNATURE:** _____