



**CONSTRUCTION INDUSTRY  
TRAINING CENTRE INC.**

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**Quality  
Endorsed  
Company**  
ISO 9001  
Lic. QEC 11193  
SAI Global

**Declaration of Operating Experience**

**Loadshifting Equipment**

**Applicant to Complete**

**Name** .....

**Address** .....

**Class of Equipment** .....

Please list the practical experience that you have with the equipment:

<b>Approximate Hours</b>	<b>Capacity of Equipment</b>	<b>Location of Experience</b>	<b>Approximate Dates</b>
<i>Examples</i>	<i>Experience within the past five (5) years only</i>		
<i>40 hours</i>	<i>2.5 tonne Toyota</i>	<i>For example Current employer</i>	<i>Jan – Mar 2009</i>

Applicant Signature ..... Date .... / .... / .....

Note : This form must be produced to the Assessor on the day of and prior to the Assessment