



UPF EQUIPMENT OPERATOR QUALIFICATION RECORD

Badge Number:				Date:		
Employee Name: (Last, First, Middle Initial)						
Supervisor Name: (Last, First, Middle Initial)						
Sex	Birth Date	Hair	Eye Color	Height	Weight	Rx Glasses Yes No
Type of Equipment & Capacity						
			Date of Written Test	Written Test Score	Date of Practical Test	Practical Test Score
Crawler/ Lattice Boom up to 50 Tons						
Crawler/ Lattice Boom 50-100 Tons						
Crawler/ Lattice Boom Over 100 Tons						
Hydraulic/ Telescopic Boom up to 50 Tons						
Hydraulic/ Telescopic Boom 50-100 Tons						
Hydraulic/ Telescopic Boom Over 100 Tons						
Truck Mounted/ Lattice Boom 60-100 Tons						
Truck Mounted / Lattice Boom Over 100 Tons						
Comments:						
Examiner Name: (Last, First, Middle Initial)					Badge No.	
Examiner Signature:					Date:	
Qualification Card Number Issue:						