

Operator Competence Verification – General Construction

Operator Name: _____ **Membership #:** _____

Company Name: _____

Note to Employer - This Certification program is designed to acknowledge the competency of the operator

- ➔ Please supply Expired Record of Training (R.O.T.)
- ➔ Please indicate hours of experience for the appropriate equipment and sign-off
- ➔ Print this document on **YOUR COMPANY LETTERHEAD** and return via:
Fax to : 905 883-4894, **Attn:** Anna Pitasio; **E-Mail to:** apitasio@506tc.org

Equipment (Type)	Competency (Hours of Operation)	Employer / Supervisor Initials **
Class 4/5 Counter Balance Forklift (w Propane Cylinder)		
Class 7 Telescopic Handler		
Class 7 Vertical Mast		
Skid Steer Loader		
Mini Excavator		

Operator Signature: _____ **Date:** _____

The undersigned acknowledges that he /she has witnessed the safe operation of the aforementioned equipment by the operator named above and has deemed the operator as competent

** _____

Employer/Supervisor Name (Print)

** _____

Signature

**** Authorization must be provided by a competent Supervisor – as defined by the Occupational Health and Safety Act – Section 1, Subsection 1**

