

YOUR NAME _____**LICENSE NUMBER - LCO** _____**EXPERIENCE LOG FOR RENEWAL PURPOSES ONLY****YOU MAY NOT REPORT THE SAME EXPERIENCE SUBMITTED FOR PREVIOUS RENEWAL****EACH MAKE AND MODEL CRANE HOURS MUST BE LISTED SEPARATELY****ALL BOXES MUST BE COMPLETED**

DATES OF WORK ASSIGNMENT	NAME/ADDRESS OF EMPLOYER	ARE YOU AN EMPLOYEE OR INDEP CONTR	PROJECT LOCATION (CITY & STATE)	MAKE & MODEL OF CRANE	INCIDENT (CIRCLE ONE)	INJURY REPORT (CIRCLE ONE)	PROJECT HOURS (WHOLE)
					YES - IF SO, INCIDENT DATE: NO	YES - IF SO, INCIDENT DATE: NO	
					YES - IF SO, INCIDENT DATE: NO	YES - IF SO, INCIDENT DATE: NO	
					YES - IF SO, INCIDENT DATE: NO	YES - IF SO, INCIDENT DATE: NO	
					YES - IF SO, INCIDENT DATE: NO	YES - IF SO, INCIDENT DATE: NO	
					YES - IF SO, INCIDENT DATE: NO	YES - IF SO, INCIDENT DATE: NO	
					YES - IF SO, INCIDENT DATE: NO	YES - IF SO, INCIDENT DATE: NO	

MINIMUM OF 1,600 HOURS OF EXPERIENCE DURING THE PRECEDING TWO YEARS OF YOUR EXPIRATION DATE**THIS FORM IS TO BE USED ONLY IF YOU HAVE OBTAINED YOUR PENNSYLVANIA LCO BY EXPERIENCE AND HAVE NOT
YET BEEN NATIONALLY CERTIFIED.**