

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.