

**Boom Type Elevating Work platform  
experience declaration**

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**COURSE DATE:** \_\_\_\_\_ **Form 516**

Candidates for 1 day Boom type EWP Assessment must complete this form prior to and as part of course registration:

**Name:**

**Address:**

**Contact Phone Number:**

**Class of equipment:** Boom Type Elevated Work Platform (above 11m)

**You must indicate in total how many hrs per day and days per week that you have operated boom type elevated workplatforms?**

Hours per day \_\_\_\_\_ total

Days per Week \_\_\_\_\_ total

Weeks per yr \_\_\_\_\_ total

Please provide details of prior experience, the type of work carried out and Details/Year/Company name/contact name & number):

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Types and makes of Boom type elevating work platforms operated.

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My signature below indicates all statements made and information indicated is true and correct

Signed \_\_\_\_\_ Date \_\_\_\_\_

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Access Training Centre Pty Ltd 7 LaSalle St Dudley Pk SA 5008 Ph 08 8169 9800			Page Sequence: Page 1 of 1