



TRANSPORT INFORMATION

1. Complete the table below based on your experience driving transport(s) that meet the following:
One year of over-the-highway experience operating Class 8 transport vehicles with multi-speed manual shift transmissions, with a gross vehicle weight of at least 60,000 pounds or greater.

*(Please provide information in each column below – you **must** specify the number of axles and weight of loaded Class 8 transport vehicle(s) - use additional sheets if necessary)*

Employer	Dates of Employment	Combined Number of Axles	Weight of Loaded Transport	Hours Driving Per Week	Total Hours of Operation
Sample: Smith Family Transport Co.	1/19/1998 – 5/19/2001	5 Axle Combo	70,000 lbs.	20	2,420



BULLDOZER INFORMATION

2a. Complete the table below based on your experience operating bulldozer(s) that meet the following:
One year of experience operating D6 or D7 bulldozers or equivalent size bulldozers produced by other manufacturers.

(Please provide information in each column below – use additional sheets if necessary)

Employer	Dates of Employment	Make/Model of Dozer	Hours Operating Per Week	Total Hours of Operation
<i>Sample: ABC Equipment Co.</i>	<i>2/3/1998 – 3/2/2000</i>	<i>John Deere 750</i>	<i>20</i>	<i>2,420</i>



BULLDOZER INFORMATION *(Continued)*

2b. Complete the table below based on your experience operating bulldozer(s) in the following:

500 hours of operation of the specified bulldozer (D6 or D7 bulldozers or equivalent size) in rugged terrain (i.e., Mountainous terrain, etc.) and slope (i.e., 1:1, 2:1, 75%, etc.).

(Please provide information in each column below – use additional sheets if necessary)

Employer	Dates of Employment	Make/Model of Dozer	Terrain & Slope (% or Ratio)	Total Hours Operation in Rugged Terrain
<i>Sample: Sacramento Construction</i>	<i>2/3/1998 – 3/2/2000</i>	<i>John Deere 750</i>	<i>Mountainous Terrain, 2:1 or 75%</i>	<i>500</i>

3. Do you possess a commercial Class A driver's license? YES NO If YES, provide your driver's license number: _____ Class: _____ Exp. Date: _____

Comments:

Please complete this form and submit with your state application, STD. 678 to apply for the HFEO examination. By signing below, you are certifying that the information provided is true and complete. *(Applicant must sign this document to be considered for the examination).*

Applicant's Signature

Date