# Statement of experience

**Restricted Quarry manager – 42 shifts in mine transport and other services on a mine where quarry operations are carried out**

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| **SECTION 1: DETAILS OF EXPERIENCE**  **Minimum experience requirement is the completion of 42 fulltime shifts in mine transport and other services on a mine where quarry operations are carried out Experience in a supervisory role cannot be considered.** | | | | | | | | |
| **CANDIDATE NAME** | Click or tap here to enter text. | | | | | | | |
| **Name of employer and mine site**  **Use a separate template for each employer**  **Use separate line for each role** | | **Candidates must show experience in both fields** | | | | | **Dates in the role**  **dd/mm/yyyy to dd/mm/yyyy**  **Include number of shifts in role** | |
| **Experience mine transport**  **Provide a brief description of the duties undertaken in role** | **Experience other services**  **Provide a brief description of the duties undertaken in role** | | | |
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|  | | | | | **Total number of shifts completed**  **Minimum 42 shifts required** | Click or tap here to enter text. | | **Shifts** |

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| **SECTION 2: CERTIFICATION OF EXPERIENCE AND COMPETENCY**  **To be completed by the Manager and the Superintendent from the site where the candidate gained experience on** | | | | | | | | |
| Name of Manager | | Click or tap here to enter text. | | Name of Superintendent | Click or tap here to enter text. | | | |
| Work phone number | | Click or tap here to enter text. | | Work phone number | Click or tap here to enter text. | | | |
| Work email address | | Click or tap here to enter text. | | Work email address | Click or tap here to enter text. | | | |
| Statutory certificate number (optional) | | | Click or tap here to enter text. | Supervisor examination number (optional) | | | Click or tap here to enter text. | |
| **(Mandatory) Please provide a brief overview and confirmation of the candidate’s competency in the roles listed in Section 1.** | | | | **(Mandatory) Please provide a brief overview and confirmation of the candidate’s competency in the roles listed in Section 1.** | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | |
| **Manager signature** | |  | | **Superintendent signature** | |  | | |
| **Date** | | Click or tap here to enter text. | | **Date** | | Click or tap here to enter text. | | |
|  | ***Please note: Signatures must be physical or digital stamps with time and date. Copied signatures will not be accepted*** | | | | | | |  |
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