

RECORD

The applicant for a Steam Traction Engine Operators Card shall fill out the form below.

APPLICATION DATE _____

APPLICANT'S NAME _____ AGE _____ Date of Birth _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE with area code _____ E-Mail _____

Member's association _____

TYPE OF ENGINE TO BE USED IN CATEGORY IV DEMONSTRATION _____

The Examiner only will fill out and sign the form below at the completion of all tests and demonstrations.

EXAMINER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Examiner's Association _____

_____ GRADE OF ABOVE APPLICANT----- CATEGORY I

_____ GRADE OF ABOVE APPLICANT---- CATEGORY II

_____ GRADE OF ABOVE APPLICANT---- CATEGORY III

PERFORMANCE OF ABOVE APPLICANT IN CATEGORY IV

[] SATISFACTORY

[] NOT SATISFACTORY

YES [] NO [] DID APPLICANT COMPLETE THE REQUIRED 50 HOURS OF SUPERVISED OPERATION?

YES [] NO [] IS THE ABOVE APPLICANT APPROVED BY EXAMINER?

DATE OF APPROVAL _____

Send only this completed page and the Practical test score sheet (Category IV) to the KAESSA Secretary for the operator's license number assignment. These Records shall be kept on permanent file with KAESSA. The applicant may keep the test sheets. The operator's license signed by KAESSA President and be mailed to the successful applicant by the KAESSA Secretary.