CSDA Operator Certification – Operator Profile*

Name of Attendee: ____________________________________________________________

Age: ___________________ Years of Experience: ____________________________

Company: _________________________________________________________________

Address: __________________________________________________________________

A. What Course will you be attending?
   □ Core Drilling Slab Sawing 201
   □ Wall Sawing 201
   □ Wire Sawing 201

B. Introductory/101 level course completed? List dates of completion
   Slab Sawing/Core Drilling 101 ________________________
   Wall Sawing 101 ___________________________________
   Wire Sawing 101 ___________________________________
   Diamond Cutting: Sharpen Your Skills __________________________
   Cutting Edge (online) _________________________________
   Company Equivalent Training ____________________________

C. What skills does the attendee have? (State years of experience and Equipment used)
   Core Drilling:_____________________________________________________________
   Wall Sawing/Hand Sawing:_________________________________________________
   Slab Sawing: ____________________________________________________________
   Wire Sawing: ____________________________________________________________

D. What is his/her strongest area of expertise?
   (Rate your employee’s skills – 1-fair, 3-average, 5-excellent)
   Core Drilling (1 2 3 4 5) Wall Sawing (1 2 3 4 5) Slab Sawing (1 2 3 4 5) Wire Sawing (1 2 3 4 5) Hand Sawing (1 2 3 4 5)

The following minimum requirements must be met and verified by an owner:
(Send in certificates with Profile)
   • Three years field experience (1 year = 1,500 hours)
   • An unrestricted driver’s license
   • Completion & Passing of the Cutting Edge Course (online)
   • Completion of the OSHA 10Hr Construction Safety Course
   • Introductory/101 Course Completion - or -
   • Company equivalent training – Training must be verified with training committee chair;
     contact Pat Harris at PTHarris@sbcglobal.net

Signature Verification Page Follows

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* This form must be sent to the CSDA office at:
   646 2nd Avenue South, St. Petersburg, FL 33701, info@csda.org or fax 727-577-5012
   at least one week prior to the beginning of the Operator Certification course.
Signature Verification

PLEASE NOTE: Operator must pass both the hands on and written test to receive an Operator Certification certificate and ID card from CSDA

Verified:

_____________________________    ______________________________  
Owner’s Signature                Date                              Operator’s Signature  Date

_____________________________    ______________________________  
Printed Name                    Printed Name