

CERTIFICATE-MAINTAINING GCT YARD QUALIFICATIONS

May 2021

This form is for official use only and to be filled out by the assigned GCT Yard Conductor for the purpose of the trainee listed to maintain their GCT Yard Conductor qualifications. The trainee is required to work with their assigned Yard Conductor for one (1) day (paid) along with the successful completion of the GCT Yard Qualification Test (unpaid). *If the trainee's qualifications are expired for no more than 3 years, a 2nd day of OJT is required (paid)*. The trainee shall fax this form to Crew Management at 212-340-2099 and keep a copy for their records.

GCT Yard Conductor Trainee

| | | Employee #_ | |
|---------------------|----------------------|---|--|
| ay 1 | | | |
| Date | Work Location | Assigned GCT Yard Conductor Name & Employee Number | Assigned GCT Yard Conductor Signature |
| | | | |
| | | | |
| ure of work | performed: | | |
| | | | |
| | | | |
| | | | |
| _ | | | |
| ny 2 (Day 2 Date | Required if qualific | cations are expired less than 3 years) Assigned GCT Conductor | Assigned GCT Conductor |
| | | | Assigned GCT Conductor Signature |
| | Work | Assigned GCT Conductor | |
| | Work | Assigned GCT Conductor | |
| Date | Work Location | Assigned GCT Conductor Name & Employee Number | Signature |
| Date | Work Location | Assigned GCT Conductor | Signature |
| Date | Work Location | Assigned GCT Conductor Name & Employee Number | Signature |
| Date | Work Location | Assigned GCT Conductor Name & Employee Number | Signature |
| Date ture of work | Work Location | Assigned GCT Conductor Name & Employee Number | Signature |