

EXISTING OPERATOR COURSE ELIGIBILITY

Statement of Operator Experience

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Please fill out the form using CAPITALS

Name:

Date of birth:

Machine type(s) previously used:

Dates used: From:

To:

Location(s) used:

Declaration:

I confirm that the above information is accurate and that dates of training can be verified by reference to training provision records and I understand that a false declaration will invalidate the training to be undertaken and may result in the removal of RTITB NORS registration, notification to the Health & Safety Executive and members of the Accrediting Bodies Association for Workplace Transport.

Signature:

Date: