Forklift
experience declaration

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ACCESS TRAINING CENTRE PTY LTD

COURSE DATE: _____ Form 515

Candidates for 1 day Forklift Assessment must complete this form prior to and as part of course registration:

Candidates Name:

Candidates Address:

Candidates Contact Phone Number:

Class of equipment: Forklift

You must indicate in total how many hrs per day and days per week that you have operated Forklifts?

Hours per day _____ total

Days per Week _____ total

Weeks per yr _____ total

Please give details of prior experience (Details/Year/Company name/contact name & number):

Must include details of experience lifting and placing loads on either truck trays or pallet racking. (Practical assessment includes demonstrating lifts up to 2.4m onto racking.)

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_____

Type and make of Forklift

_____

_____

Applicants signature below indicates all statements made and information indicated are true and correct

Signed _____ Date _____