



**SUMMARY OF YOUR EXPERIENCE AND RESOURCES**

Please attach evidence of the following ACOP requirements: \* denotes mandatory requirements

**CHECK** ✓

**FORKLIFT OPERATOR COURSE(S) ATTENDED \***

( include a copy of your current forklift operators certificate)

**SUMMARY OF FORKLIFT OPERATOR WORK EXPERIENCE. \* (CV)**

**ASSESSOR QUALIFICATION(S). \* eg unit standard 4098**

**TEACHING OR TRAINER QUALIFICATIONS/POSITIONS HELD. \***

**COPY OF CURRENT DRIVER'S LICENCE. \***

**VERIFICATION OF FORKLIFT KNOWLEDGE AND EXPERIENCE BY THIRD PARTY. \* (reference)**

**COPY OF FORKLIFT TRAINER REGISTRATION CERTIFICATE (if held).**

If **NOT** already using an approved course.

**INSTRUCTIONAL MATERIAL, VISUAL AIDS, TESTS (AND ANSWERS) THAT YOU INTEND TO USE. \***

**COPIES OF CERTIFICATES OR CARDS TO BE ISSUED. \***

**DECLARATION:**

I declare that the particulars given above are correct and hereby authorise Competenz to collect information relevant to my forklift training from, and/or exchange information with any:

- Relevant Tertiary Education Organisation, or
- Industry Training Organisation or
- Government agency with which I am enrolled, or
- Employer relevant to my forklift work experience

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTES:**

This completed application form plus your training material makes up your application to be registered as a forklift trainer, certified in accordance with the provisions of the Approved Code of Practice for Forklift Trainers and Operators.

Please send **copies only** of your material as they will be retained as the official record of your submission.

**SEND YOUR APPLICATION TO:**

The National Registrar Forklift Trainers, Competenz, L5, Office Tower, 277 Broadway, Newmarket, Auckland

**RESULT OF PRE AUDIT CHECK:**

<b>Application meets ACOP Requirements and cleared for On-site Audit.</b>	<input type="checkbox"/>
<b>Does not meet ACOP requirement</b>	<input type="checkbox"/>

**SIGNED**

**Date**

National Registrar – Forklift Trainers