

## APPLICATION FOR RENEWAL OF FORKLIFT TRAINER REGISTRATION

Please add any details that have changed.

<b>SURNAME:</b> _____		<b>FIRST NAMES:</b> _____	
Family Name		Given Names	
<b>Trainer Registration No.:</b>			
<b>Contact Details:</b>			
<b>Address:</b>			
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	
<b>Company Name:</b>			
<b>Company Address:</b>			
<b>Qualifications:</b>			

<b>SUMMARY OF YOUR EXPERIENCE AND RESOURCES</b>		<b>CHECK</b> ✓
<b>Forklift Qualifications and Experience:</b> Copy or your current forklift operator's certificate and verified evidence of competency in forklift operations.	<input type="checkbox"/>	
<b>Hold current driver license:</b> Copy of current driver's license.	<input type="checkbox"/>	
<b>Instructional material, visual aids, tests (and answers) that you intend to use.</b>	<input type="checkbox"/>	
<b>Certification:</b> A copy of the Certificate you intend to issue to successful candidate's you train.	<input type="checkbox"/>	
<b>Trainer and assessor quality:</b> A written statement verifying your capability to train and assess forklift operators. Summary of additional professional development you have completed ( I.e. Satisfied clients, reference)	<input type="checkbox"/>	
<b>Signed:</b> _____ <b>Date:</b> _____		
<b>Notes:</b> Please send <b>copies only</b> of your material as they will be retained as the official record of your submission.		
For any queries please contact <b>Iris Rae</b> on 09 539 9808 or email <a href="mailto:i.rae@competenz.org.nz">i.rae@competenz.org.nz</a>		
<b>Send this application to:</b> The National Registrar Forklift Trainers, Competenz, PO Box 9005, Newmarket, Auckland 1149. Level 5, Office Tower, 277 Broadway, Newmarket, Auckland.		