Insert company logo and details here

\_\_\_\_/\_\_\_\_/\_\_\_\_

Start Training

11 Hayward Road

FERNTREE GULLY VIC 3137

Email: [reception@starttraining.com.au](mailto:reception@starttraining.com.au)

To the Assessor

**Re: Forklift Training & Testing**

I wish to confirm that the following information is true and correct with regards to our employee, insert name

Insert name has been operating a forklift truck for \_\_\_\_\_\_\_\_ weeks / months / years, on average insert hours per week.

Insert name and has been operating gas and electric (remove whichever is not applicable) forklifts.

Insert name has been successfully performing the following tasks: (Please indicate)

Place pallets on to racking at low/medium/high levels  (Please circle height/s)

Work within aisles

Load trucks

Other activities (please list)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insert name understands environmental hazards, workplace policies and procedures and has been operating the equipment safely; (Delete if not true)

Insert name understands carrying out pre and post operational checks and knows how to shut down and secure the equipment. (Delete if not true)

Please insert here any other information you believe may be applicable to this application

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_