



# Application for Lift Truck Inspector Certification

## Certification Requirements

- Document at least 2 years working experience with lift trucks in a capacity of operation, maintenance, repair, inspection, safety or supervision. (A trainee certification will be issued to applicants with less experience.)
- Pass a written examination.
- Possess physical ability to perform lift truck inspections.

**Caution:** The written examination cannot be given if application is not complete and signed.

**Application must be signed on page 2.**

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

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Training Program Date: \_\_\_\_\_

Please check the box for the following questions YES or NO.	Y	N
■ Do you have any physical limitations that would interfere with the ability required to perform lift truck inspections?	<input type="checkbox"/>	<input type="checkbox"/>
■ Have you had prior formal training on lift truck inspections? By whom?	<input type="checkbox"/>	<input type="checkbox"/>
■ Do you hold any current inspector certification credentials? By whom?	<input type="checkbox"/>	<input type="checkbox"/>

**Please supply the name of your employer(s), employment dates by month and year, type(s) of lift trucks and specific duties you performed relative to lift trucks.**

*Use back side of form to provide additional information.*

EMPLOYER		
<b>COMPANY:</b> Crane Institute of America, Inc.	<b>DATES:</b> (month & year): FROM-TO 01/00 to 03/06	<b>TEL. #:</b> 407-322-6800
<b>ADDRESS:</b> 3800 Saint Johns Parkway	<b>CITY, STATE, ZIP:</b> Sanford, FL 32771	
<b>SPECIFIC JOB DUTIES:</b> Operated, performed pre-shift inspections, preventive maintenance, and made minor repairs on lift trucks of all types.		

EMPLOYER		
<b>COMPANY:</b>	<b>DATES:</b> (month & year): FROM-TO	<b>TEL. #:</b>
<b>ADDRESS:</b>	<b>CITY, STATE, ZIP:</b>	
<b>SPECIFIC JOB DUTIES:</b>		

EMPLOYER		
<b>COMPANY:</b>	<b>DATES:</b> (month & year): FROM-TO	<b>TEL. #:</b>
<b>ADDRESS:</b>	<b>CITY, STATE, ZIP:</b>	
<b>SPECIFIC JOB DUTIES:</b>		

<b>EMPLOYER</b>		
<b>COMPANY:</b>	<b>DATES: (month &amp; year) FROM-TO</b>	<b>TEL. #:</b>
<b>ADDRESS:</b>	<b>CITY, STATE, ZIP:</b>	
<b>SPECIFIC JOB DUTIES:</b>		

<b>EMPLOYER</b>		
<b>COMPANY:</b>	<b>DATES: (month &amp; year) FROM-TO</b>	<b>TEL. #:</b>
<b>ADDRESS:</b>	<b>CITY, STATE, ZIP:</b>	
<b>SPECIFIC JOB DUTIES:</b>		

<b>EMPLOYER</b>		
<b>COMPANY:</b>	<b>DATES: (month &amp; year): FROM-TO</b>	<b>TEL. #:</b>
<b>ADDRESS:</b>	<b>CITY, STATE, ZIP:</b>	
<b>SPECIFIC JOB DUTIES:</b>		

<b>EMPLOYER</b>		
<b>COMPANY:</b>	<b>DATES: (month &amp; year): FROM-TO</b>	<b>TEL. #:</b>
<b>ADDRESS:</b>	<b>CITY, STATE, ZIP:</b>	
<b>SPECIFIC JOB DUTIES:</b>		

The above information is a true and accurate statement of my employment experience. I accept full responsibility for any information that is not true.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_