



Application for Lift Truck Operator Certification

Certification Requirements

- Document at least 1 year experience as the designated operator of lift trucks. (A trainee certification will be issued to applicants with less experience.)
- Pass a written examination.
- Possess physical ability to safely operate a lift truck.

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 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. If you need additional space for more employers, use the back side of this form.

Check lift truck types for which you are applying for certification: Industrial (I) Rough Terrain: Vertical Mast (R)

Use back side of form to provide additional information.

COMPANY: Crane Institute of America, Inc.			
ADDRESS: 3880 Saint Johns Parkway, Sanford, FL 32771			
SUPERVISOR'S NAME AND TELEPHONE #: John Smith 407-322-6800			
TYPE:	MANUFACTURER:	CAPACITY:	DATES: (month & year): FROM-TO
R	Terex	10,000 lbs.	8/02 to Present
I	Toyota	6,000 lbs.	4/99 to 6/02

1. COMPANY:			
ADDRESS:			
SUPERVISOR'S NAME AND TELEPHONE #:			
TYPE:	MANUFACTURER:	CAPACITY:	DATES: (month & year): FROM-TO

2. COMPANY:			
ADDRESS:			
SUPERVISOR'S NAME AND TELEPHONE #:			
TYPE:	MANUFACTURER:	CAPACITY:	DATES: (month & year): FROM-TO

3. COMPANY:			
ADDRESS:			
SUPERVISOR'S NAME AND TELEPHONE #:			
TYPE:	MANUFACTURER:	CAPACITY:	DATES: (month & year): FROM-TO

Total Years Operating Experience _____

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 physically operate a lift truck?		
■ Have you had prior training to be a lift truck operator?		
■ Do you hold any current certification credentials?		
■ Have you been involved in a lift truck accident?		
■ If yes to any of above, explain: _____ _____ _____		

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:** _____

THIS SECTION TO BE COMPLETED BY APPLICANT’S SUPERVISOR

_____ has demonstrated before a qualified person proficiency in operating the lift truck for which application is made. This includes being able to preform both pre-start and post-start inspection, maneuvering skills, shutdown and securing procedures, as well as the ability to practically operate, set-up and drive lift trucks in a safe and qualified manner. Applicant has read and comprehends the operators manual and understands all operating characteristics of each specific forklift operated. Applicant is also familiar with the use and care of the fire extinguishers provided. Applicant meets the forklift experience requirement to apply for certification.

Employer’s Name: _____

Address: _____

State: _____ Zip: _____ Telephone: (_____) _____

Supervisor’s Name and Title: _____

Supervisor’s Signature: _____ **Date:** _____