



COURSE REGISTRATION FORM

APPLICANT INFORMATION		
FULL NAME:		E-MAIL:
ID NUMBER: (Driver License/Passport)		DATE OF BIRTH (DD/MM/YY):
ADDRESS:		CITY:
PROVINCE / STATE:	POSTAL CODE:	PHONE:
DATE:	LOCATION:	COURSE:

CURRENT CERTIFICATION		DESIRED CERTIFICATION	
SPRAT <input type="radio"/> LEVEL 1 SPRAT #: <input type="radio"/> LEVEL 2 EXPIRY: <input type="radio"/> LEVEL 3	INDUSTRIAL <input type="radio"/> SCISSOR LIFT <input type="radio"/> BOOM MAST PLATFORM <input type="radio"/> FORKLIFT	SPRAT <input type="radio"/> LEVEL 1 <input type="radio"/> LEVEL 2 <input type="radio"/> LEVEL 3	INDUSTRIAL <input type="radio"/> SCISSOR LIFT <input type="radio"/> BOOM MAST <input type="radio"/> FORKLIFT

If upgrading, proper logbooks must be provided to ensure eligibility. Without proper logbooks you will not be assessed.

EMERGENCY CONTACT		
NAME:		RELATIONSHIP:
ADDRESS:		CITY:
PROVINCE / STATE:	POSTAL CODE:	PHONE:

MEDICAL INFORMATION		
Please list any medical or physical issues that might affect your participation in physical, strenuous, or outdoor activity (e.g. insect allergies, heart conditions, recent surgeries, diabetes, etc). List any medication you are taking or are allergic to. This information will remain confidential. If non, please write "none".		
MEDICATIONS:	HEALTH LEVEL:	PHYSICAL LIMITATIONS:
I have read and understood the fitness guidelines terms and have disclosed any possible medical limitations or concerns.		
Signature:		
PRINT NAME:		DATE:

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