

<b>Type of registration required (Please check applicable box):</b>	01	02	03	Site Operator Employer	Site Operator Employer

Title: \_\_\_\_\_ NORS reg No: \_\_\_\_\_ Re-Registration? \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_  
 County: \_\_\_\_\_ Country: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ D.O.B. / /  
 Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

We, the company, hold confirmation that the above trainee has read and understood the Fair Processing Notice.

**Employer Information (Mandatory for non-transferrable)**

Employer: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Details of training (Please check applicable box)**

Training organisation: \_\_\_\_\_ RTITB Ref Number: \_\_\_\_\_ P.O. Number: \_\_\_\_\_  
 Machine Type: \_\_\_\_\_  
**Course Type:** Novice Experienced Conversion Refresher Instructor Other  
**e-learning:** Yes No  
**Non-transferrable:** Yes No  
**Location of training:** In-centre Customer Premises In-house  
 Test date: / / Total duration (hrs): \_\_\_\_\_ Total break time (hrs): \_\_\_\_\_  
**Ratio:** 3:1:1 2:1:1 1:1:1  
 Instructor or Examiner? \_\_\_\_\_ Reg Number \_\_\_\_\_ Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time

Course feedback score: \_\_\_\_\_ /55

**Details of machine/test**

**Control:** Pedestrian controlled Rider-operated Manual **Level:** Instructor Operator  
 Make & Model: \_\_\_\_\_ Attachments (e.g. fork): \_\_\_\_\_  
**Energy Source:** Electric LPG CNG Diesel Gasoline Other  
**Machine Detail:** Rated capacity: \_\_\_\_\_ Load centre: \_\_\_\_\_ SWL: \_\_\_\_\_ Radius: \_\_\_\_\_ Height: \_\_\_\_\_  
 Associated Knowledge Score: \_\_\_\_\_ Passed at 1st attempt **Y N** No of re-tests required \_\_\_\_\_ No of days remedial TRG required \_\_\_\_\_ All mandatory elements passed \_\_\_\_\_  
 Practical test penalties: \_\_\_\_\_ Passed at 1st attempt **Y N** No of re-tests required \_\_\_\_\_ No of days remedial TRG required \_\_\_\_\_  
 Pre-use check test: Pass  Fail  Passed at 1st attempt **Y N** No of re-tests required \_\_\_\_\_ No of days remedial TRG required \_\_\_\_\_ All mandatory elements passed \_\_\_\_\_

**Restricted certification** 1 2 3 4 5 6 7 8 9 10 11 12 13  
 (Please check those elements **NOT** covered during training) 1 2 3 4 5 6 7 8 9 10