

Forklift Safety Training Registration Form



Today's Date: _____

Company Name: _____

Company Address: _____

Company Phone #: _____ Fax #: _____

Company Contact _____ Phone # _____

Company Contact Email: _____

Training Date(s): _____ Type of Training Requested _____

_____ Sit Down, _____ Narrow Aisle, _____ Combo

Location of Training--- Circle One: Atlantic Lift or Company's Location On-Site
(if company on-site, please call to complete additional registration information.)

Students can read and write English?: Circle one: Yes or No

of Students _____ (List supplied by customer, attached) or fill in box below:

1st Attendee Name: _____

2nd Attendee Name: _____

3rd Attendee Name: _____

Are there any specific workplace safety considerations you would want trainer to address in training, if yes, explain _____

Are there any considerations physical or otherwise that would limit any students from completing the written or driving portions of the training? Yes or No. If yes, please explain : _____

How did you hear about Atlantic Lift Forklift Training? _____

Cancellation Policy:

"No shows" will be charged the full Fee, unless a cancellation is made 48 hours prior to the date of the Seminar. Atlantic Lift Truck, Inc reserves the right to cancel classes if minimum attendance is not met.

Call to make Payment options.

Atlantic Lift Truck, Inc.

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www.atlanticlift.com