


Appendix A. Powered Industrial Truck Operator Application

	<h3>APPLICATION</h3> <p>Powered Industrial Truck TRAINING AND CERTIFICATION</p>			
(circle one) Renewal? Yes No				
Employee Information				
Name (Last, First, MI):				Employee No.
Job Title	Drivers License No.		Exp. Date	
Division	Dept	Mail Stop	Phone Ext.	Last Certificate No.
Employee Signature			Date	Attach: copy of old card (if applicable) copy of current drivers license
Employee will operate the following lift trucks (list trucks). A separate evaluation is required for each truck type at the maximum rated capacity to be operated. <u>Sit-on forklifts:</u> ___ LP fueled Max Rated Capacity ___ tons; Transmission: ___ manual ___ automatic ___ Gas/diesel Max Rated Capacity ___ tons, Transmission: ___ manual ___ auto ___ Electric Max Rated Capacity ___ tons, Control: ___ standard ___ monotrol			- <u>Walk-behind equipment:</u> ___ Electric pallet mover, Max Rated Capacity ___ tons ___ Electric stacker, Max Rated Capacity ___ tons <u>Other:</u> ___ ElPar, 30 tons ___ Special (describe)	
On-The-Job Trainer: The following licensed PIT operator will provide on-the-job training until the operator is ready to be examined and certified, and he/she agrees to do so:				
Name (Last, First, MI):		Employee No.		Signature
Supervisor Approval: This employee needs to operate the above equipment as part of his work duties and I authorize his training and certification as operator				
Name (Last, First, MI):		Employee No.		Account No. for Applicant Use
Division	Dept	Mail Stop	Phone Ext.	Supervisor Signature
Medical Approval: This employee meets the medical criteria for operating forklifts and other powered industrial trucks				
Date of Exam	Medical Approver (Type or Print Name)		Medical Approver Signature	Date

Trainer Information					
Date of Lecture		Lecture Trainer (Type or Print Name)		Signature	Pass/No Pass
Date of Practical		Practical Examiner (Type or Print Name)		Signature	Pass/No Pass
		To be completed by Lecture & Practical Trainers	Restrictions: Void unless accompanied by a valid state driver's license		
PIT Operator Learner's Permit			Name _____ Qualified to Operate		
			TYPE VEHICLE AND/OR EQUIPMENT	CAPACITY	Pass/Fail for Practical Examination
This individual is authorized to operate the Powered Industrial Trucks listed under the direct supervision of the following on-the-job trainer:			Sit-on forklifts: __ LP, __ manual __ automatic __ Gas/diesel. __ manual __ auto __ Electric, __ std __ monotrol Walk-behind equipment: __ Electric pallet mover __ Electric stacker Other: __ ElPar __ Special (describe) _____ _____	__ tons __ tons __ tons __ tons __ tons 30 tons __ tons	
OJT Trainer _____					
Lecture Trainer issuing this permit:					
Date: _____					
This Learner's Permit expires 90 days from date of issue.					