

Powered Industrial Truck Operator Permit To Operate

Restrictions for Powered industrial truck operator permit to operate:

(Corrective Lenses, Hearing Aid, Etc.) _____

Company's Name: _____

Employee's Name: _____

Division: _____

Position: _____

Type of Equipment Certified for: _____

Years of experience: Years _____ Months _____

Issue Date: _____

Operators Signature: _____

Qualified To Operate

Type Vehicle: Capacity: _____

3-Wheel Sit Down Electric Truck

4-Wheel Sit Down Electric Truck

Center Control Electric Rider Pallet Truck

Container Handlers-IC

Cushion Tire Sit-Down – IC Truck

Rough Terrain Forklift-IC

Side Loader – Electric-IC

Stand-Up Counter Balance Electric Truck

Straddle Stacker Walkie Electric-Manual

Swing Mast Rider Electric-IC

Telescopic Rough Terrain Forklift-IC

Other: _____

Qualifying Instructor/Supervisor: _____ Date: _____