

Type of registration required

Registration & eCard £12.50+VAT (£15.00)

Registration only £7.00+VAT (£8.40)

| Personal information Title: Address: County: Mobile: | Last Name: | Country: Email: | | First Name(s): Post Code: | Town: D.O.B: RTITB Reg Number: |
|--|--|---|-----------------------------|--|---|
| Details of Continuous Professional Development Name of organisations's principal officer providing a CPD statement: Name of organisation providing CPD statement: Contact email: This is the address where eCard/eCertificate communications will be sent. | | | | Contact telephone: | Position: |
| Truck/Machine Type | Model | Date initial certificate of basic training issued | Date last used/operated | Venue name & address where machine last used | How CPD has been maintained |
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| I confirm that the above | CPD statement is accurate eclaration may result in re | and that dates of use car | n be verified by re | ference to training provision records | by an independent person who can verify the details provided** s, which will be made available for inspection on request. Editing Bodies Association for Workplace Transport (ABA). |
| Payment Information I wish to pay by credit/o | It as detailed below (appl I enclose a cheque made debit card (please write a co | payable to RTITB Intact telephone number for | enclose a postal or | der made payable to RTITB Invo | and size photograph (if requesting a eCard) ice to RTITB account no. |
| Information about how we process | your personal information is availal | ole online at www.rtitb.com/privacy | . I may opt-out of these of | | by the following methods (tick to opt-in): Mail Email SMS Phone tb.com. The information being collected may be used and disclosed by RTITB, to oses of third party marketing. |