

Statement of Operator Eligibility

Please tick the appropriate box

Experienced Operator - (if selected, please fill out the details below)

Operator for Conversion - (if selected, please supply evidence of training e.g. certificates, maintain the copy and fill out the details below)

Operator for Refresher - (if selected, please supply evidence of training e.g. certificates, maintain the copy and fill out the details below)

Please use CAPITALS

Machine type(s)
previously
used/trained and
tested on

Dates of Training:

From:

To:

Date of Test:

From:

To:

Dates used:

From:

To:

Training Provider(s):

Location of training:

Location used:

Declaration

I confirm that the information provided in this document is accurate and that the dates of training can be verified by reference to training provision records (if applicable) and I understand that a false declaration will invalidate the training to be undertaken and may result in the removal of registration and notification to the Health and Safety Executive and Accrediting Bodies Association members.

Signature:

Date: