

Type of registration required (Please check applicable box):		Site Operator Employer	Site Operator Employer
0102			
Title:	NORS reg No:	Re-Registration?	
Last Name:	First Name(s):		
Address:	Town:		
County:	Country:		
Postcode:	D.O.B.	/	/
Mobile:	Email:		
We, the company, hold confirmation that the above trainee has read and understood the Fair Processing Notice.			

Employer Information (Mandatory for non-transferrable)			
Employer:	Contact:		
Address:			
Town:	Postcode:	Telephone:	

Details of training (Please check applicable box)							
Training organisation:		RTITB Ref Number:			P.O. Number:		
Machine Type:							
Course Type:	Novice	Experienced	Conversion	Refresher	Instructor	Other	
e-learning:	Yes	No					
Non-transferrable:	Yes	No					
Location of training:	In-centre	Customer Premises	In-house				
Test date:	/	/	Total duration (hrs):	Total break time (hrs):			
Ratio:	3:1:1	2:1:1	1:1:1				
Instructor or Examiner?	Reg Number		Date	Start Time	End Time		
Course feedback score: /55							

Details of machine/test							
Control:	Pedestrian controlled	Rider-operated	Manual	Level:	Instructor	Operator	
Make & Model:	Attachments (e.g. fork):						
Energy Source:	Electric	LPG	CNG	Diesel	Gasoline	Other	
Machine Detail:	Rated capacity:	Load centre:	SWL:	Radius:	Height:		
Associated Knowledge Score:	Passed at 1st attempt	Y N	No of re-tests required	No of days remedial TRG required	All mandatory elements passed		
Practical test penalties:	Passed at 1st attempt	Y N	No of re-tests required	No of days remedial TRG required			
Pre-use check test:	Pass ☐ Fail ☐	Passed at 1st attempt	Y N	No of re-tests required	No of days remedial TRG required	All mandatory elements passed	

Restricted certification	1	2	3	4	5	6	7	8	9	10	11	12	13
(Please check those elements NOT covered during training)	1	2	3	4	5	6	7	8	9	10			