



Industrial Training Center

REGISTRATION FORM

INSTRUCTIONS: Complete application **IN PEN** and return. Please **PRINT** all the information required.

Your name, DOB, and LIC # will be placed in your operator ID. Any changes after the fact would required additional cost.

Student # ITC _____

GENERAL INFORMATION

Operator's Name: _____
First MI Last

Phone Number (Cell) : _____

Home Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

D.O.B: ____/____/____ E-Mail Address: _____
MM DD YYYY

LIC#: _____ SSN #: _____

*****Only provide the last 4 digits of your Social Security Number**

OPERATOR EXPERIENCE

<ul style="list-style-type: none"> Are you a <u>Forklift experienced</u> operator? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify how long: _____ Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> 	<ul style="list-style-type: none"> Class I: Electric Sitdown <input type="checkbox"/> Class II: Electric Standups <input type="checkbox"/> Class III: Pallet jack Tugger <input type="checkbox"/> Class IV: I/C Sitdown Cushion <input type="checkbox"/> Class V: I/C Sitdown Air Tire <input type="checkbox"/> Class VI: Tractors <input type="checkbox"/> Class VII: Rough Terrain <input type="checkbox"/> Marina Lift <input type="checkbox"/> Container Handler <input type="checkbox"/>
<ul style="list-style-type: none"> Are you a <u>Mobile Elevated Work Platform Experienced Operator</u>: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Specify How long _____ Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years 	<ul style="list-style-type: none"> Types 1a: Static Vertical <input type="checkbox"/> Types 1b: Static Boom <input type="checkbox"/> Types 2a: Specialist Equipment <input type="checkbox"/> Types 2b: Specialist Equipment <input type="checkbox"/> Types 3a: Mobile Vertical — Scissor lift <input type="checkbox"/> Types 3b: Mobile Boom — Self Propelled Boom <input type="checkbox"/>
<ul style="list-style-type: none"> Are you a <u>Heavy Equipment Experienced Operator</u>: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Specify How long _____ Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years 	<ul style="list-style-type: none"> Level I: Skid Steer <input type="checkbox"/> Level II: Backhoe Loader <input type="checkbox"/> Level III: Front Loader <input type="checkbox"/> Level IV: Excavator <input type="checkbox"/> Level V: Dozer <input type="checkbox"/> Level VI: All Equipment <input type="checkbox"/>

Company: _____ Year: _____

Do you have any physical disability that will interfere with the correct operation of any of the equipment above? Yes No

PROGRAM INTEREST

1 – Novice 3-Day Forklift Training Course <input type="checkbox"/>	9 – 3a: Scissor Lift Training Course <input type="checkbox"/>	17 – Scaffold Training Course <input type="checkbox"/>
2 – Experienced Forklift Training Course <input type="checkbox"/>	10 – 3b: Self Propelled Boom Training Course <input type="checkbox"/>	18 – Travel Lift Training Course <input type="checkbox"/>
3 – Refresher Forklift Training Course <input type="checkbox"/>	11 – Bucket Truck Training Course <input type="checkbox"/>	19 – Experienced Backhoe Training Course <input type="checkbox"/>
4 – Marina Forklift Training Course <input type="checkbox"/>	12 – Fall Protection Training Course <input type="checkbox"/>	20 – Experienced Front Loader Training Course <input type="checkbox"/>
5 – 20 Hrs Backhoe Loader Training Course <input type="checkbox"/>	13 – OSHA 10 General Industry <input type="checkbox"/>	21 – Experienced Excavator Training Course <input type="checkbox"/>
6 – 20 Hrs Skid-Steer Training Course <input type="checkbox"/>	14 – OSHA 10 Construction <input type="checkbox"/>	22 – Experienced Mini Excavator Training Course <input type="checkbox"/>
7 – Electric Pallet Jack Training Course <input type="checkbox"/>	15 – OSHA 30 Hours <input type="checkbox"/>	23 – Experienced Skid Steer Training Course <input type="checkbox"/>
8 – Rough Terrain Forklift Training Course <input type="checkbox"/>	16 – Swing Stage Training Course <input type="checkbox"/>	24 – Experienced Dozer Training Course <input type="checkbox"/>

Acceptance of the above constitutes a registration. This registration is submitted subject to terms and conditions as outlined in our service agreement.

Operator Signature: _____ Date: _____