

Complete and return to:
RTITB
Access House
Halesfield 17
Telford
TF7 4PW



NORS

Complete and return to:
NORS_team@rtitb.co.uk
Fax: +44(0)1952 520201

Type of registration required (Please check applicable box):

Option 1 Option 2 Option 3 Option 4

Personal Information

Title: Re-Registration:

Last Name: First Name(s):

Address:

Town:

County: Country:

Post Code: D.O.B: / / Telephone:

Mobile: NORS Reg Number:

Email:

I apply to be registered on the NORS for a period of 3 years. I agree to my registration details being disclosed to present and prospective employers for legal reasons, and to enable RTITB to remind me when renewal is due.

Employer Information (optional)

Employer:

Contact:

Address:

Town: Post Code:

County:

Telephone:

Details of training (Please check applicable box)

Training organisation: RTITB ref no:

Machine type:

Course title: Novice Experienced Conversion Refresher Instructor Other

Location of training: In-Centre Customer premises In-House

Training dates: Start date: / / End date: / / Test date: / / Total duration (hrs):

Dates if not consecutive:

Ratio: 3:1:1 2:1:1 1:1:1 Other:

List all instructors: RTITB reg no:

(if more than one used): RTITB reg no:

Tested by: RTITB reg no:

Other relevant information:

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

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

Restricted certification (Please check those elements NOT covered during training)

1 2 3 4 5 6 7 8

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