

Please complete in block capitals.

TYPE OF REGISTRATION REQUIRED. PLEASE DELETE AS APPROPRIATE	OPTION 1	OPTION 2	OPTION 3	OPTION 4
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PERSONAL INFORMATION

LAST NAME:																TITLE:	MR / MISS / MS / MRS		
FIRST NAME(S):																			
ADDRESS:																			
TOWN:																			
COUNTY:										COUNTRY:									
POSTCODE:				D.O.B:				TEL NO.											
MOBILE:													REG NO.						
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 Ltd to remind me when renewal is due.																			

EMPLOYER INFORMATION (OPTIONAL)

EMPLOYER:																		
CONTACT:																		
ADDRESS:																		
TOWN:													POST CODE:					
COUNTY:																		
TEL NO.																		

DETAILS OF TRAINING (DELETE AS APPROPRIATE)

TRAINING ORGANISATION:																RTITB REF NO:			
MACHINE TYPE:																			
COURSE TITLE:	NOVICE / EXPERIENCED / CONVERSION / REFRESHER / INSTRUCTOR / OTHER (STATE)										LOCATION OF TRAINING	IN-CENTRE / CUSTOMER PREMISES / IN-HOUSE							
TRAINING DATES	START DATE:						END DATE:						TEST DATE:						
DATES IF NOT CONSECUTIVE																			
TOTAL DURATION (HRS):																			
RATIO:	3:1:1			2:1:1			1:1:1			OTHER (SPECIFY)									
LIST ALL INSTRUCTOR(S) if more than one used											RTITB REG NO:								
											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. FORKS						
ENERGY SOURCE:	ELECTRIC / LPG / CNG / DIESEL / GASOLINE / OTHER												
MACHINE DETAIL:	RATED CAPACITY:		LOAD CENTRE:		SWL:		RADIUS:		HEIGHT:				
ASSOCIATED KNOWLEDGE SCORE:	%	MAX:	PASSED AT FIRST ATTEMPT:		YES/NO	NO. OF RE-TESTS REQUIRED:		NO. OF DAYS REMEDIAL TRG REQUIRED:					
		MIN:											
PRACTICAL TEST PENALTIES:			PASSED AT FIRST ATTEMPT:		YES/NO	NO. OF RE-TESTS REQUIRED:				NO. OF DAYS REMEDIAL TRG REQUIRED:			
PRE-USE CHECK TEST:	PASS / FAIL		PASSED AT FIRST ATTEMPT:		YES/NO	NO. OF RE-TESTS REQUIRED:				NO. OF DAYS REMEDIAL TRG REQUIRED:			
RESTRICTED CERTIFICATION - PLEASE IDENTIFY BY CIRCULING THOSE ELEMENTS <u>NOT</u> COVERED DURING OPERATOR TRAINING													
1	2	3	4	5	6	7	8						

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