

Your  
Logo

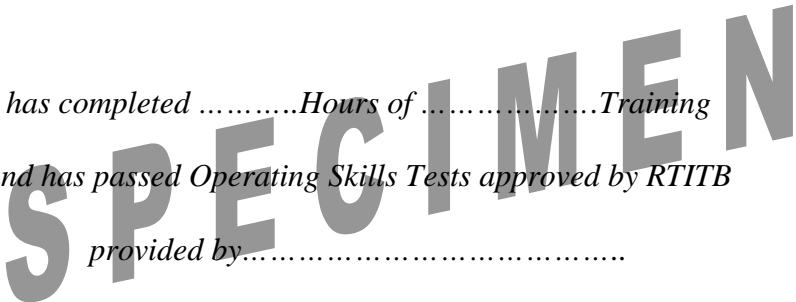
This space for training provider's company name

RTITB  
Logo

# *Certificate of Training*

*This is to certify that*

*has completed .....Hours of .....Training  
and has passed Operating Skills Tests approved by RTITB  
provided by.....  
An RTITB Accredited Training Organisation*



*Type:*

*Make/Model:*

*Control:*

*Energy Source:*

*Rated Capacity/Height:*

*Attachments:*

*Date of Tests:*

*Name of Instructor*

*RTITB Reg. No.*

*Name of Examiner*

*RTITB Reg. No.*

*Operator Reg. No.*

*Operator Reg. Expiry Date.*

*Certificate No.*

*And whose name has been entered on the RTITB NORS Database*

*This certificate complies with the requirements of RTITB Accreditation*

*To verify this certificate or for further information, please telephone 01952 520209 or e-mail  
nors\_team@rtitb.co.uk*

