



# WORKPLACE TRANSPORT TRAINING ACCREDITATION

## 1ST APPLICATION FOR COMMERCIAL TRAINING ORGANISATIONS UK & IRELAND

PLEASE SEND YOUR APPLICATION TO RTITB, ACCESS HOUSE, HALESFIELD 17, TELFORD, TF74PW OR ACCREDITATION\_TEAM@RTITB.CO.UK

### Accreditation Fees

All prices shown are exclusive of VAT. Accreditation fees can be paid via 4 consecutive monthly instalments subject to advance approval from the RTITB finance department.

Operator Training - On Customer Premises Only	£1045*
Operator Training - In Centre Only	£1045*
Operator Training - In Centre and On Customer Premises	£1265*
Multiple Site Accreditation	£

You should have a personalised price, if you don't have one please call +44 (0) 1952 520200 (option 1) for your price before completing this application form, then fill in the amount.

**\* Included in the annual fee is 4 RTITB Trainers Guides.**

We do not charge for 1st accreditation/annual audit/monitoring visits however if a confirmed visit is cancelled with 3 working days or less notice a charge of £330 will be made. If you wish to cancel a confirmed audit/monitoring visit please email audits@rtitb.co.uk in advance of the 3 working days of the confirmed visit date.

### PLEASE COMPLETE ALL FIELDS IN BLOCK CAPITALS. IF ANY DO NOT APPLY TO YOUR SITUATION PLEASE PUT N/A.

Registered Company Name:  
 Trading Name (If different):  
 Company Reg No (Or Inland Revenue UTR number if sole trader or partnership):  
 Website address:  
 Day to Day/General Contact Name:  
 Day to Day/General Contact Email:  
 Day to Day/General Contact Phone Number:

### Sales Contact Details. Please enter the details as you wish them to appear on the RTITB website.

**Contact Name:** **Contact Number:**  
**Contact Email:** **Website:**

### Training Centre Address(es).

Please continue on a separate sheet if necessary. All centres will be shown on the RTITB website.

Centre 1	Centre 2
Address:	Address:
Town:	Town:
County:	County:
Postcode:	Postcode:
Centre telephone number:	Centre telephone number:
Centre email address:	Centre email address:
Centre contact name:	Centre contact name:
Centre contact position:	Centre contact position:

### Contact Details of person signing this agreement:

Name: Position:  
 Telephone: Email:



# WORKPLACE TRANSPORT TRAINING ACCREDITATION

### Administration Contact Details:

*(The following information will be used for administration purposes e.g. matters relating to certificates, query emails, confirmations of registration emails etc.)*

Name:

Telephone:

Email:

### Accounts Details:

*Please advise on another sheet if you have more than one accounts address e.g for different centres.*

Address:

Town:

County:

Postcode:

VAT No:

Country:

Telephone No:

Email Address:

*Invoices and statements will be emailed to this address*

Contact Name:

Contact Position:

### Instructor Details:

*Continue on a separate sheet if necessary.*

Name:

RTITB Reg No:

RTITB Instructor  
Reg Exp Date:

Tick to confirm Instructor has  
a valid operating qualification  
registered on NORS.

### Machines/Courses:

Which machines/courses do you wish to apply for accreditation for?

Tick to indicate which Machine Type/  
Course you would like added.

ABA Category  
(if applicable)

Please tick to confirm you already  
own the RTITB Trainers Guide for  
this Machine Type/Course

Please tick to confirm you would  
like this Trainers Guide to be sent  
to you as part of the 4 included in  
your 1st accreditation fee

LTG 1 (Counterbalance)	B1 B2	
LTG 2 (Reach)	A8 D1 D2	
LTG 4 (Electric Pallet/Stacker truck)	A1 A2 A3 A4 A5 A6 A7	
LTG 5 (Rough terrain masted lift truck)	J1	
LTG 6 (Rough terrain telescopic handler)	J2 J3	
LTG 7 (Industrial telescopic materials handler)	J4, J5	
LTG 8 (Pivot steer)	P1	
LTG9 (Electric Tow Tractor)	H1 H2	
LTG 10 (Vehicle mounted lift truck)	TD1	
LTG 11 (Multi directional lift truck)	M1 M2 M3	
LTG 12 (VNA)	F1 F2	
LTG 13 (Order Picker)	A2 E1 E2	
LTG 14 (Sideloader)	C1 C2	
LTG 15 (Large Counterbalance)* <small>(*LTG1 Counterbalance must be selected in order to apply for this course)</small>	B2, B3, G2	
LTG 16 (MEWPs)	1A 1B 3A 3B	
LTG 31 (Managing and Supervising Material Handling Equipment Operations)		
LTG 32 (Manual Handling for Transport Warehouse and logistics)		

## Machines/Courses (continued):

Which machines/courses do you wish to apply for accreditation for?

Tick to indicate which Machine Type/  
Course you would like added.

ABA Category  
(if applicable)

Please tick to confirm you already  
own the RTITB Trainers Guide for  
this Machine Type/Course

Please tick to confirm you would  
like this Trainers Guide to be sent  
to you as part of the 4 included in  
your 1st accreditation fee

LTG 1701 (Hydraulic Lorry Loader Crane)

LTG 1702 (Safety in Slings and Signalling - Rigging and Banksman)

LTG 40 (Commercial Goods Vehicle Banksman)

LTG 1704 Overhead Gantry Crane

## Terms & Conditions of Accreditation

Please read the following items and the terms of accreditation at [www.rtitb.co.uk/accred-terms](http://www.rtitb.co.uk/accred-terms) carefully as accreditation may be withdrawn if they are not adhered to.

RTITB reserves the right to refuse any accreditation application without explanation.

- These terms and conditions will begin on the date of signature on the application for accreditation and continue for a period of 12 months, or until accreditation expires whichever is the latter, unless terminated. In the event of termination (for whatever reason) no fees will be refunded.
- RTITB may refuse re-accreditation if less than 50 NORS applications have been submitted in the previous accreditation period
- Renewal of accreditation is dependent upon satisfactory monitoring of training arrangements, the submission of a new application form and continuing to meet RTITB's criteria (including having had a successful monitoring visit in the accreditation period, this will take place approximately 3 months before accreditation expiry)
- We offer a 10 working day 'cooling-off' period. If within 10 working days of RTITB receiving your application you decide you no longer wish to be RTITB accredited your application may be cancelled by notifying us in writing. Any charges applied will be credited/refunded (whichever is applicable). After 10 working days no fees will be credited or refunded.
- RTITB accreditation enables you to deliver RTITB accredited training in the following territories only: Great Britain, Northern Ireland and Republic of Ireland. If you wish to deliver RTITB accredited training in other territories you will need to contact RTITB to apply for overseas accreditation.

**I CONFIRM I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF ACCREDITATION ABOVE, AND AT  
[WWW.RTITB.CO.UK/ACCRED-TERMS](http://WWW.RTITB.CO.UK/ACCRED-TERMS) AND AGREE TO ADHERE TO THEM.**



# WORKPLACE TRANSPORT TRAINING ACCREDITATION

If you would like RTITB to publish news of your accreditation on [www.rtitb.co.uk/news](http://www.rtitb.co.uk/news) please tick here

If you would like RTITB to send a press release announcing your accreditation to your local newspaper please tick here

Please supply local newspaper name:

## Application checklist:

Fully completed and signed application form

A specimen copy of the certificate you will issue to successful candidates

**OR** Tick here to indicate you will be using only option 1, 2 & 5 of NORS

A copy of professional indemnity and public liability insurance OR a letter confirming provision of cover

The appropriate fee via credit card details, cheque, postal order, or purchase order

## Payment Information:

A cheque made payable to RTITB for £ \_\_\_\_\_

A postal order made payable to RTITB for £ \_\_\_\_\_

An official purchase order for £ \_\_\_\_\_

Please attach a copy of the purchase order and enter order number: \_\_\_\_\_

Payment by credit/debit card.

Please provide a contact telephone number for us to contact you on to take the payment:

## DECLARATION

**For and on behalf of the organisation named below I confirm that I have read and agree to the Terms and Conditions of accreditation above, and at [www.rtitb.co.uk/accred-terms](http://www.rtitb.co.uk/accred-terms):**

Signed by (name in BLOCK CAPITALS):

Position:

For and on behalf of (Registered Company Name):

Signature:

Date:

## OFFICE USE ONLY

Acc No:

Date Processed:

Date Invoiced:

Date Accred Letter sent:

Date certificate sent:

Administrators Name: