

AUTHORISATION TO OPERATE LIFT TRUCKS

Company Name

Address

.....

Contact Tel No

This is to certify that:

Name

Is authorised to operate the following Lift Trucks:

MAKE	MODEL	TYPE	CAPACITY	ATTACHMENTS

In the following areas:

Company Premises

Designated Area(s)

Other

Name _____ Signature _____

Position _____ Date _____

Date of Authorisation Expiry _____