Confirmation of Forklift Operator Experience

I confirm that the employees listed below have each completed at least 40 hours of behind-the-wheel experience on a sit-down counterbalance lift truck at the indicated work site.

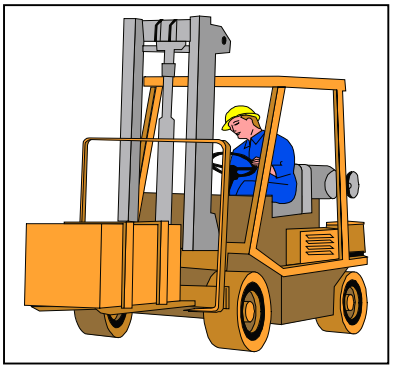
Employee *Please Print or Type*	Employee *Please Print or Type*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Worksite Information

_____
Agency

_____
Street Address

_____
City



Authorization

_____
Authorized Signature

_____
Date

_____
Printed Name

_____
Title

_____
Phone Number

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