AUTHORISATION TO OPERATE LIFT TRUCKS

This is to certify that the persons listed below are authorised to operate the following Mechanical Handling Equipment

Make	Model	Type	Capacity	Attachment
			kg's	

Employee Name	Date Tested	Expiry Date	Key Number	Employee signature

In the following areas:

Company premises:	
Designated area(s):	
Other:	

Manager Name:	
Manager Signature:	

Failure to comply with the Companies Safe Operating Procedures may result in the operator having their **authorisation to operate lift trucks** revoked and may be brought in for a disciplinary hearing.

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