



### TYPE OF TRAINING PROGRAM

**Operator Training**

\*Certifies employee(s) to operate equipment.

**"Train the Trainer"**

\*Upon completion, student(s) will receive necessary training materials to train their employees.

**Operator 3-Year Refresher**

\*Renews operator certification for employee(s).  
*Available if previously trained at NLT*

### TYPE OF EQUIPMENT

**Forklift**

Sit-Down     Stand-Up  
 Walkie Stacker

**Aerial Work Platform**

Scissor Lift     Boom Lift  
 Personnel Lift

**Rough Terrain Forklift**

Straight Mast     Telehandler

### TRAINING LOCATION

**ONSITE – YOUR FACILITY \***

*\*Recommended if you own equipment. (Pre-visit required)*

**NLT - FRANKLIN PARK, IL**

### DATE AND TIME OF CLASS

Date of Class: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Time:     8AM     1PM     Other \_\_\_\_\_

\_\_\_\_\_ (Total Attendees)

\$\_\_\_\_\_ (Total Cost)

### NAMES OF ATTENDEES

	<input type="checkbox"/> Experienced?		<input type="checkbox"/> Experienced?
	<input type="checkbox"/> Experienced?		<input type="checkbox"/> Experienced?
	<input type="checkbox"/> Experienced?		<input type="checkbox"/> Experienced?
	<input type="checkbox"/> Experienced?		<input type="checkbox"/> Experienced?
	<input type="checkbox"/> Experienced?		<input type="checkbox"/> Experienced?
	<input type="checkbox"/> Experienced?		<input type="checkbox"/> Experienced?

### COMPANY INFORMATION & MAILING ADDRESS

**Send to Attn:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Suite/Unit:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Additional Information (i.e. Different billing address, etc...):** \_\_\_\_\_

### PAYMENT OPTIONS

- Credit Card (PLEASE SEE ATTACHED FORM)
- Check enclosed in the amount of \$\_\_\_\_\_ payable to National Lift Truck, Inc.
- Send me a bill (Subject to established credit and corporate open account)
- Purchase Order # \_\_\_\_\_

### How to Register

Please submit this form to [TRAINING@NLT.COM](mailto:TRAINING@NLT.COM) or Fax it to us @ 630-782-1014  
If you have any questions or need assistance, please call us at 630-782-1000

### Office Use Only



3333 Mt Prospect Rd.  
Franklin Park, IL 60131  
P: 630-782-1000  
F: 630-782-1014

**REQUIRED information needed to process credit card payments**

We accept Visa, Master Card & American Express

Type of Card (check one)     Visa     MC     AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Person Submitting Payment Information: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

**Billing Address:**

Address: \_\_\_\_\_

Suite / Unit # (If Applicable) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Accounts Receivable Use Only	
Results (Circle One)	Approved    Declined
Approval Number: _____	