



FORKLIFT EMPLOYEE TRAINING REQUEST
Attachment B of the Forklift Operator Certification Program

Division or Department Requesting the Training:	
<i>This sheet should be used if you are requesting training assistance from other divisions or departments. If you are training your own team and have an adequate amount of instructors, you do not need to complete this form.</i>	
Date of Request:	Requested Training Date:
Do you have your own forklift? If yes, please include the year, make, and model here:	
Listing of Employees for the training:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:
If you are requesting forklift training through this sheet, please send it in to the Risk Management forklift email ForkliftInstructorsCorner@hamptoncity.onmicrosoft.com with a copy to Patti Parker pparker@hampton.gov . If you are in need of instructors trained for future courses, please place that request below.	
We are currently in need of forklift trainers: Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Our forklift's year, make, and model:	
Person Completing this Request:	Contact Number:
For any questions or concerns, please call Risk Management at 727-6617 or 727-6386	