



## FORKLIFT CLASSROOM AND SLALOM COURSE

Course title: <b>Forklift Training Full Course</b>	Instructor:	Hours:	Date:
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This certifies that I received the training listed above and agree that it was adequate and I fully understand the content. I understand that I have the right to request additional training if I feel more training is required.

No.	Print Name	Signature	Division	Employee No.
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