



## SAFETY TRAINING REQUEST

- NAME OF COMPANY:

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- MAIL ADDRESS:

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CITY:

ZIP:

- TRAINING ADDRSS IF DIFFERENT:

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CITY:

ZIP:

- OFFICE TELEPHONE:

EXT:

FAX:

MOBILE:

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- CONTACT NAME:

JOB TITLE:

EMAIL:

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- TYPE OF TRAINING NEEDED:

☐

SIT-DOWN COUNTERBALANCED (CLASS I,IV,V)

☐

WAREHOUSE (CLASS II, III)

☐

COMBILIFT

☐

PRINCETON PIGGYBACK

☐

MEWP (i.e. Scissor Lift, Boom Lift)

☐

TRAIN THE TRAINER

- NUMBER OF PEOPLE TO ATTEND CLASS:

☐

1-10

☐

11-20

☐

20+

- TIME FRAME TO COMPLETE TRAINING:

☐

ASAP

☐

2-3WEEKS

☐

MONTH +

PLEASE ANSWER THE FOLLOWING QUESTIONS TO HELP US ASSESS YOUR SPECIFIC TRAINING NEEDS.

1. Will the class be in English or Spanish? English: ☐ Spanish: ☐
2. Will training be at your facility or a Darr branch? \_\_\_\_\_ If your location, will a training facility (i.e. breakroom, meeting room) be available? Yes: ☐ No: ☐ Will a TV/Monitor be available? Yes: ☐ No: ☐
3. Do you have a training program for new hires? Yes: ☐ No: ☐

4. Have employees been trained on physical operation of lift truck? Yes: ☐ No: ☐

Please place an X on the type of lift trucks that will be used for training



Sit-Down Counterbalanced ☐



Reach Truck ☐



Order Picker ☐



Electric Walkie Pallet Jack ☐



Walkie Stacker ☐



Stand-up End Control ☐



Turret Truck ☐



End Rider ☐



4 Way Combilift ☐



Truck-mounted Rough Terrain aka "Piggyback" ☐



MEWP Scissor Lift ☐



Manually Propelled Manlift ☐



MEWP Telehandler ☐



MEWP Articulating Boom Lift ☐

