

# 4-Day Premium FORKLIFT TRAINER CERTIFICATION



**2010 DATES:** Feb 22-25 • May 10-13 • Aug 16-19  
Nov 15-18 • Dec 13-16

**LOCATION:** Safety Center Incorporated  
3909 Bradshaw Road  
Sacramento, CA 95827

**HOURS:** 8 am to 5 pm *all 4 days*

**FEES:** Member Price \$1200  
Non-Member Price \$1250

## OVERVIEW:

Want to become a  
forklift instructor?  
This is the *best*  
forklift trainer certification  
program available!

Formal operator certification is  
not necessary to enroll in this  
class, however, basic working  
knowledge of the equipment  
is beneficial. Operator  
credentials are *not* issued at  
this program.

This 4-day Forklift Trainer Certification program is the **leader** of all IVES' programs. Trainees receive **in depth instruction** on the powered industrial trucks (sit down counterbalanced forklift, narrow aisle forklift & powered pallet truck), as well as **extensive instruction** on how to effectively train operators. Each trainee's knowledge & demonstrated skills in all aspects of the program are evaluated & graded prior to certification.

**Class covers:** Class 1-5 forklifts, classroom theory training - 50%, practical hands-on training 50%, program review & objectives, regulations & industry standards, practical instructional techniques, equipment pre-use inspection, driving course set-up, training exercises, operator evaluation form, evaluation skills & exercises, Master Trainer theory, documentation/certification procedures, establishing site equipment-specific operator training program & lesson plan, operator recert procedures & more!

## ENROLLMENT FORM



SAFETY CENTER INCORPORATED  
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SACRAMENTO, CA 95827

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(916) 366-1762 FAX  
QUEN@SAFETYCENTER.ORG



**FAX**



**E-MAIL**



**MAIL**



**PHONE**

NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_  
made payable to *Safety Center Incorporated*

**if applicable - please provide a**  
Purchase Order #: \_\_\_\_\_

Charge to my: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Prefer customization? Train on your **own** equipment @ **your** facility! Call for details!

**THANK YOU!**

11/23/09

**WWW.SAFETYCENTER.ORG**