

MCBH Forklift Registration Form

Counter Balance ___ Narrow Isle ___ Powered Pallet Jack ___ Rough Terrain ___ Initial ___ Re-cert ___

Name: _____ Rank/Grade: _____
Last First MI

Work/Unit Phone #: _____ Cell #: _____ DOD ID# _____

E-mail address: _____

BRANCH OF SERVICE Circle one: USMC USN DOD/NAF Civilian

The following recommendation will provide the student with the best chance of success to obtain all level of operational competence necessary to pass the operator evaluation:

- Highly recommend 2 hours operation time on the forklift certifying for. Operators shall train under the supervision of persons who have the knowledge, training and experience to train operators and evaluate their competence (check box when completed).

The following materials must be obtained by the student prior to attending class (Provided by BSD to MCAS, HQBN and MCCA personnel only):

- IVES student handbook* with folder**. Tenant commands contact IVES at <http://www.ivestraining.com/forklift-training-certification-programs/forklift-training/> or call 1-800-643-1144.
- Hard hat, steel toe shoes, and gloves provided by student's unit/section.
- Safe, reliable forklift provided by student's unit/section*** for operator evaluation.

***Completion of the IVES student handbook prior to scheduled course is mandatory. Incomplete handbook is grounds for Rescheduling. _____ Initial**

****Folder must include final written theory test, practical evaluation form, certification certificate and operator certification card. _____ Initial**

*****Student unit/section must provide a safe, reliable, operating forklift for evaluation. Base Safety is not responsible for coordination or scheduling forklifts for student practice or operator evaluation. _____ Initial.**

COMMAND ENDORSEMENT/DISAPPROVAL

The above named individual is authorized to attend the MCBH Forklift course on _____ This is his/her appointed place of duty for this date.

Major Command/Base: _____ Unit: _____
(Organization, company, platoon)

Unit SNCOIC/OIC: _____
(Print Rank, Initials, Last Name)

Signature: _____

E-mail address: _____

Phone #: _____

APPROVE ___ DISAPPROVE ___ REASON: _____

MCBH Forklift Course registration form must be endorsed by unit SNCOIC/OIC before enrollment.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Sections 4101 - 4118; and E.O. 9397. MCO5100.19F.CH6.MHE.PG6-3

PRINCIPAL PURPOSE(S): To request training by civilian or military personnel and to document, issue permits, and certificates as a result of receiving training.

ROUTINE USE(S): Civilian and military training information is maintained by Marine Corps Base Safety Office for data reporting purposes.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in your ineligibility for participating in this training.

Military/CAC Identification (verify)___

Driver's License (verify)___

OF-346 Permit (verify)___

IVES materials (issued HQBN/MCAS/MCCA)

IVES materials (Verify - Tenant Commands must purchase and have books in hand prior to registration)

OFFICIAL BSD USE ONLY:

Received Date _____

BY: _____

Please call Base Safety if unable to attend at 257-1830.

License is issued by Base Motor-T for MCBH Personnel, Bldg 352 or call 257-2304.