Request/Registration for Off-site Forklift Training

Complete this request form and fax (808-453-6730) or email the form to our office. Please allow at least 3 weeks to schedule training.

| COMPANY INFORMATION | | | | | | | | | | |
|--|---------------|--|------------|---------------------------------------|---------|---------|--------|-------------------|-------------------|--|
| Company Name | | | | | Con | | | | | |
| Street Address | | | | City | State | | e | Zip Code | | |
| CONTACT INFORMATION POINT OF CONTACT FOR TRAINING | | | | | | | | | | |
| Name | Phone (W | (Work) Phone (Mobile) Email | | | | | | | | |
| MANDATORY SITE REQUIREMENTS | | OPTIONAL SITE REQUIREMENTS IF NOT AVAILABLE, WE WILL PRO | | | | | | | WILL PROVIDE | |
| 1. Range at least 20' x 20'-30' | | 1. 9 traffic safety cones | | | | | | | □ yes □ no | |
| 2. Forklift to be used | | 2. Overhead projector | | | | | | | □ yes □ no | |
| 3. Pallets on site (20 minimum) | | 3. TV-VCR or TV-DVD | | | | | | | □ yes □ no | |
| 4. Conference/classroom or space for student | | | | | | | | | | |
| PROPOSED DATES NORMAL CLASS TIME IS 8AM-3PM | | | | | | | | | | |
| 1st Choice | | | 2nd Choice | | | | | | | |
| COMMENTS | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| BILLING INFORMATION SELECT | ГА РАҮМЕ | NT METHOD (Y | OU | WILL BE CHA | RGED A | FTER CC | ONFIF | RMATION OF 1 | TRAINING DATE) | |
| Billing Contact Name | | | | Phone (Work) En | | | mail | | | |
| Street Address | | | | City State | | | e | Zip Code | | |
| ☐ Purchase Order (Please fax P.O. to 808-453-6730): No Company/Agency: | | | | | | | | | | |
| I hereby authorize the Office of Continuing Educat for the above participant. Purchase order acceptar | | | | | | | o invo | oice for the cost | of such course(s) | |
| Signature | | | | | | | | | | |
| ☐ Check or Money Order No Make checks | | | | payable to: Leeward Community College | | | | | | |
| ☐ Credit/Debit Card (Visa/Mastercard/Discover only | y) - Note: Yo | u may call the of | fice to | o forward your | number. | | | | | |
| Card Number Exp. Date CCV# Name as printed on card | | | | | | | | | | |

Office of Workforce Development

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