

Appendix C

Aerial/Scissor Lift Training Certification Form

Name of Classroom Trainer (print & sign): _____

Name of Evaluator (if different) (print & sign): _____

Make and model of aerial/scissor lift(s): _____

<i>Participant Name (Print)</i>	<i>Classroom training date</i>	<i>Hands-on training date</i>	<i>Hands-on evaluation date</i>	<i>Participant (Signature)</i>

<i>Participant Name (Print)</i>	<i>Classroom training date</i>	<i>Hands-on training date</i>	<i>Hands-on evaluation date</i>	<i>Participant (Signature)</i>