Request/Registration for Off-site Forklift Training

Office of Continuing Education & Workforce Development
WWW.OCEWD.ORG

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		Company Phone	
Street Address	City	State	Zip Code

CONTACT INFORMATION — POINT OF CONTACT FOR TRAINING

Name	Phone (Work)	Phone (Mobile)	Email

MANDATORY SITE REQUIREMENTS / OPTIONAL SITE REQUIREMENTS — IF NOT AVAILABLE, WE WILL PROVIDE

MANDATORY SITE REQUIREMENTS	OPTIONAL SITE REQUIREMENTS	IF NOT AVAILABLE, WE 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

BILLING INFORMATION — SELECT A PAYMENT METHOD (YOU WILL BE CHARGED AFTER CONFIRMATION OF TRAINING DATE)

Billing Contact Name	Phone (Work)	Email	
Street Address	City	State	Zip Code

❑ Purchase Order (Please fax P.O. to 808-453-6730): No._____ Company/Agency: _____

I hereby authorize the Office of Continuing Education & Workforce Development of Leeward Community College to invoice for the cost of such course(s) for the above participant. Purchase order acceptance is subject to the approval of the Director of OCEWD.

Signature _____ **Date** _____

❑ Check or Money Order No. _____ *Make checks payable to: Leeward Community College* ❑ Cash Amount: $_____

❑ Credit/Debit Card (Visa/Mastercard/Discover only) - Note: You may call the office to forward your number.

Card Number _____ Exp. Date _____ CCV# _____ Name as printed on card _____

Office of Continuing Education & Workforce Development
96-045 Ala 'Ike, Pearl City, HI 96782 I Ph: 808-455-0477 I Fax: 808-453-6730
Email: ocewd@hawaii.edu I **WWW.OCEWD.ORG**

University of Hawai'i® Leeward Community College

Leeward Community College OCEWD Continuing Education & Workforce Development

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