

MATERIAL HANDLING

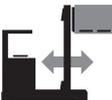
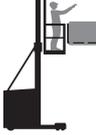
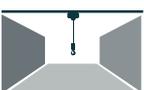
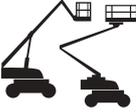
Driver's name..... Driver social security number

CERTIFICATE who has the formal responsibility for issuing driver's permits at

I, who has the formal responsibility for issuing driver's permits at certify here with that the driver above, employed by the named company has valid training and applicable driver's permit (not revoked) for the following marked machines. The driver has valid driver's licence authority (which has not been revoked) for

In conjunction with our work on your premises, I request that the person(s) responsible for the workplace state under which terms and limitations this driver's permit applies on your premises (see box below) *Example: which machines the driver can use on your premises. Within which rooms or areas the driver can drive machines or what applies when driving on roads. "Local rules" etc.*

Hereby certifies Date:

| Truck A | | | | Truck D | |
|--|--|--|--|--|--|
| <input type="checkbox"/> A1  Powered pallet order-picking truck Operator lift ≤ 1.20 m | <input type="checkbox"/> A2  Powered pedestrian pallet stacker with or without operator's platform | <input type="checkbox"/> A3  Rider-seated low lift truck, standing or sitting. Lift height ≤ 0.2 m | <input type="checkbox"/> A4  Powered pallet truck with or without operator's platform Lift height ≤ 0.2 m | <input type="checkbox"/> D1  Tractor/platform truck | <input type="checkbox"/> D2  Terminal truck |
| Truck B | | | | | |
| <input type="checkbox"/> B1  Counterbalance truck | <input type="checkbox"/> B2  High lift driver-controlled truck. Standing or sitting | <input type="checkbox"/> B3  Reach truck | <input type="checkbox"/> B4  High-lift order-picking truck. Lift height over 1.2 m | <input type="checkbox"/> B5  Narrow aisle trucks | <input type="checkbox"/> B6  Multidirectional truck |
| Truck C | | | | | |
| <input type="checkbox"/> C2  Wheeled loader | <input type="checkbox"/> C3a  Container truck | <input type="checkbox"/> C3b  Timber truck | <input type="checkbox"/> C4  Side loader | <input type="checkbox"/> C5  Straddle truck | <input type="checkbox"/> C7  Telescopic loader |
| Cranes | | | | | |
| <input type="checkbox"/> A.  Traverse | <input type="checkbox"/> B.  Portal | <input type="checkbox"/> C.  Half portal | <input type="checkbox"/> D.  Console | <input type="checkbox"/> E.  Wall jib/Column jib | <input type="checkbox"/> F.  Light lift |
| Lifts | | | | | |
| <input type="checkbox"/> 1A  Scissor lift with support arms, column lift with support arms | <input type="checkbox"/> 3A  Self-propelled scissor lift, self-propelled column lift | <input type="checkbox"/> 1B  Boom lift with support arms mounted on trailer, vehicle or tracked lift | <input type="checkbox"/> 3B  Self-propelled boom lift, knuckle boom lift | | |

Training date for truck for crane for lift

LOCAL RULES

The undersigned driver has received, read and understands the local safety rules and driver instructions applicable within the company.

Date Driver's signature

The permit applies to the following machines (state machine type name and code)

Applies to the following tasks within area

Permit applies from to but can be revoked with immediate effect.

Location Representative/coordinator name

Date Driver's name

Original retained by us

Driver's copy