

Forklift Certification

This document certifies that _____ has received formal and practical training in forklift operations for forklifts at Kearney Moving Service and has been evaluated to be competent in the operation of said forklifts. This certification record is valid for three years.

Operator Signature: _____

Date of Training: _____

Date of Evaluation: _____

Trainer/Evaluator: _____

evaluator's printed name

evaluator's signature