

# Forklift Safety Training & Certification

**OPERATORS**  
**TRAINERS**

8:00 am-1:30 pm

8:00 am-5:00 pm

Cost: \$110.00 per operator



Cost: \$895.00 per trainer

IF SAME DAY-SAME CLASS \$400 second trainer, \$300 third trainer

**PLEASE NOTE:** These classes provide full certification and meet all OSHA-mandated requirements.  
Spanish materials are available upon request.

CONTACT INFORMATION		
Company Name (DBA): Not with a company? Write "Individual"		
Contact person:	Email:	
Address:		
City / State / Zip:		
Phone:	Fax:	
OPERATOR or TRAINER INFORMATION (Must be at least 18 years old)		
<b>CLASS LOCATION (City, State):</b> _____ <b>DATE:</b> /     / 2008		
1	<input type="checkbox"/> OPERATOR (\$110) <input type="checkbox"/> TRAINER (\$895)	<b>FIRST AND LAST NAME:</b> <small>To appear on ID Card</small>
		<b>TYPE OF FORKLIFT:</b> (Check one of the following) <input type="checkbox"/> Warehouse (Straight Mast) <input type="checkbox"/> Rough Terrain (Telehandler) <input type="checkbox"/> BOTH
2	<input type="checkbox"/> OPERATOR (\$110) <input type="checkbox"/> TRAINER (\$895) <input type="checkbox"/> 2nd TRAINER (\$400)	<b>FIRST AND LAST NAME:</b> <small>To appear on ID Card</small>
		<b>TYPE OF FORKLIFT:</b> (Check one of the following) <input type="checkbox"/> Warehouse (Straight Mast) <input type="checkbox"/> Rough Terrain (Telehandler) <input type="checkbox"/> BOTH
PARKING INFORMATION		
Please <u>do not park</u> in Star Rentals customer parking lot. There is available public parking on the streets surrounding Star Rentals. <b>DISCLAIMER:</b> Overton Safety Training is not responsible for any damage incurred to your vehicle or personal property while you are attending the class.		

**Total Cost \$** \_\_\_\_\_

PAYMENT TERMS
<input type="checkbox"/> We will be paying by Visa or MasterCard. Please call us for the Credit Card information.
1. Payment is due at the time of class. 2. <b>No-shows will be charged half price.</b> If you need to cancel, please call (866) 531-0403 prior to the class. 3. Please fill out the attached Payment Terms Agreement form and submit with registration form to ensure correct billing information.
Checks should be made payable to: OVERTON Safety Training, Inc. Federal Tax ID# 20-2386674
 

**TO ENROLL PLEASE FAX COMPLETED FORMS TO (503) 356-0401**



**OVERTON Safety Training, Inc.**

PO Box 6297, Aloha, OR 97007-0297 [www.overtonsafety.com](http://www.overtonsafety.com)

Phone: (503) 356-0403 Toll Free (866) 531-0403 Fax (503) 356-0401

Questions? Email: [kylie@overtonsafety.com](mailto:kylie@overtonsafety.com)



**OVERTON** Safety Training, Inc.  
**P O Box 6297, Aloha, OR 97007-0297**  
 Phone: (503) 356-0403 Toll Free (866) 531-0403  
 Fax (503) 356-0401

**PAYMENT TERMS AGREEMENT**



Company name:			
DBA (if different):			
Federal tax ID or Social Security number:			
Contact person:			
Mailing Address:			
City / State / Zip:			
Email:		Phone:	Fax:
Have you previously established an agreement with us? If yes, under what name?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Accounts Payable</b> (Information must be complete)			
Contact person:			
Billing Address:			
City / State / Zip:			
Email:		Phone:	Fax:
Purchase order required?		<input type="checkbox"/> No	<input type="checkbox"/> Yes PO#
<b>Training Service Purchase</b>			
Type:			
Date of training service:		Amount: \$	
<b>Terms and Conditions – Payment is due before or at time of training</b>			
1. We accept check, Visa, MasterCard or cash. For credit card (pre)payment please call: 1-866-531-0403 (Toll-free) or 503-356-0403. 2. With prior approval by OST, terms can be extended to Net 30 *. 3. A late charge of 2% per month will be added to all amounts billed if not paid by 30 days. 4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit/accounting department.			<b>*OST Only:</b>
I testify the above information is true to the best of my knowledge and understanding. I have read the terms and conditions stated above and agree to all of these terms and conditions. I am authorized by the above listed company to sign this payment terms agreement form.			
Signature:		Print name:	
Title:		Date:	