

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
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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
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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
<input type="checkbox"/> 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 _____			
<input type="checkbox"/> Check or Money Order No. _____ <i>Make checks payable to: Leeward Community College</i>		<input type="checkbox"/> Cash Amount: \$ _____	
<input type="checkbox"/> 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

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