**Appendix C**

**Aerial/Scissor Lift Training Certification Form**

**Name of Classroom Trainer(print and sign):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Evaluator (if different)(print and sign):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make and model of aerial/scissor lift/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name (Print)** | **Date of classroom training** | **Date of hands-on training** | **Date of hands-on evaluation** | **Signature** |
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