

Please fill in the form and send it back to us via fax or email.

APPLICANT INFORMATION			
Name:			
Surname:			
ID Number:	Date of Birth:	DD/MM/YYYY	
Cell phone:	Email Address:		
Current address:			
Province:	ZIP Code:		
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			
Province:	ZIP Code:		
Phone Number:	E-mail Address:		
COURSE INFORMATION			
Please check the box next to the course you want to apply for:			
<input type="checkbox"/> Novice	<input type="checkbox"/> Re-Test		
<input type="checkbox"/> Articulated Dump Truck ADT	<input type="checkbox"/> Bulldozer		
<input type="checkbox"/> Cab Controlled Overhead	<input type="checkbox"/> Counter Balance Lift Truck (Forklift)		
<input type="checkbox"/> Defined Purpose Lift Truck (Side Winder)	<input type="checkbox"/> Excavator		
<input type="checkbox"/> Front End Loader	<input type="checkbox"/> Grader		
<input type="checkbox"/> Mobi-lift	<input type="checkbox"/> Mobile Crane		
<input type="checkbox"/> Mobile Elevated Work Platform	<input type="checkbox"/> Pendant Controlled Overhead Crane		
<input type="checkbox"/> Skid Steer Loader (Bob Cat)	<input type="checkbox"/> Telescopic Boom Handler		
<input type="checkbox"/> Tractor	<input type="checkbox"/> Truck Mounted Crane		

I hereby confirm that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
 Signature of Applicant

DD/MM/YYYY  
 Date



Kindly contact us for more information:

**Phone:** 082 774 9933  
 (Mr. N Dreyer)

**Fax:** 016 450 4350

**E-mail:** info@dreyerdreyer.co.za

**Website:** www.dreyerdreyer.co.za

