

ONTARIO

Truck Driving School

A Division of Ontario Driving School of London Inc.



Rough Terrain Forklift Course

Also known as: Class VII Forklift, Telehandler, Zoom Boom,
Moffett Truck Mounted Forklift, Telescopic Forklift, Reach Forklift

Course includes:

- Theory and Practical Training
- Regulations
- Classifications
- Safe Operation
- Inspections
- Operating Capabilities
- Loading/ Unloading Procedures
- Vertical Mast & Telehandler
- Wall Certificate
- Wallet Operator Certificate



**Course Fee:
\$350.00**

Ask about Our Group Discount Rate

Corporate Training Available at Our Site or Yours

This program does not require approval under the Private Career College Act, 2005

Rough Terrain Forklift Course

DATES TO BE ANNOUNCED

One-day Course: 8:00 am - 4:00 pm

If you arrive for class late, you will not be allowed to participate and you will not be rescheduled.

We require one week's notice to cancel or reschedule this course without penalty

Classes Have Limited Seating. Register Early to Avoid Disappointment

Course Fee: \$350.00

Certificates will be issued to successful applicants within 10 days of course completion.

If you are unable to come into our office to register, you can complete this form and mail it to us along with payment in the form of certified cheque, money order, bank draft or provide credit card information on this form below.

Payment must accompany registration. Mail to: Ontario Truck Driving School, 427 Exeter Rd., London ON N6E 2Z3, or Fax completed form along with your credit card to: (519) 858-0920 or 1-866-800-6837, or Scan & email the completed form to: training@otds.com

Contact Us: Tel:(519) 858-9338 or Toll Free 1-800-263-4777 or Email: training@otds.com

Course cancellations must be received five business days prior to the start date of the course, or the total fee is forfeited

ROUGH TERRAIN FORKLIFT COURSE REGISTRATION FORM

Location: LONDON Course Start Date: _____

M	F		
Gender		First Name	Last Name

Residential Address	City	Postal Code

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Residential Phone Number	Alternate Phone Number	Email Address

		For Office Use Only
Applicant's Signature	Date	Registration No: _____
		Total Course Fee: _____
<input type="checkbox"/> Please put payment on: <input type="checkbox"/> Payment Attached		Payment: _____
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		Balance Owing: _____
		Method of Payment
		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> AmEx <input type="checkbox"/> Other: _____
Name on Card (If not Student's card)	Relationship to Student	
		Manual
Card #	Expiry Date	<input type="checkbox"/> Received <input type="checkbox"/> Needed