



Safety Training

205, 12904 - 50 St., Edmonton, AB T5A 4L2 • Tel: (780) 413-9282 • Fax: (780) 472-9599 • Email: safety@cslmanlifts.com

Individual Enrolment Form for all CSL Training Programs

Employer's Name & Address	Students Name & Address
Employer's Name: _____	Students Name: _____
Employer's Address: _____ _____	Student's Address: _____ _____
City: _____ Prov: _____	City: _____ Prov: _____
Postal Code: _____	Postal Code: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Birth Date: _____
Email: _____	

PPE is required for all Safety Programs

Class Requested: (Please check one) Contractors AWP, Equipment Administration, Skid Steer Safety,

Conventional Forklift, Reach Forklift, Contractors Fall Protection.

Programs Interested in:

Class Dates: First Choice: _____
Second Choice: _____

Method of Payment for Tuition Fees: (Please refer to class description for course price)

Credit Card:

MasterCard VISA Other

Cardholders Name: _____

Card#: _____

Expiry Date: _____

Amount Approved: _____

Please Attach:

Cheque: _____ Money Order: _____

Company Purchase Order #: _____

Company Name: _____

Address: _____

Contact Name: _____

Contact Phone #: _____

Student Signature: _____ **Date:** _____

Notification of Cancellation: Due to the overall demand for class space, submission of this document is considered a commitment of attendance. Failure to advise CSL Safety Training of the cancellation 24 hours prior to class date will result in a charge of \$50.00 per registered person. Please phone your cancellations in to our office at (780) 413-9282

Do you belong to any Professional Organizations or Trade Unions? _____

Check Box if you would not like to receive information about upcoming training class and Safety News



A Customer First Company

CSA & OH & S Approved Course
Small Classroom Size

Multi Language Course
Aerial Work Platforms

Familiarization Training
Fall Protection