

LIFTEK TECHNICAL SAFETY AND SECURITY CONSULTANCIES
CANDIDATE APPLICATION FORM



APPLICATION NO:					
First Name		Last Name:		<i>Attach Passport Size photo not older than 6 months</i>	
DOB		Emirates ID			
Candidate No:		Passport No:			
Mailing Address					
Phone		Mobile		Email	
Employer Name & Address					
Employer Phone		Employer Fax		Employer Email	
Form Type	New Certification <input type="checkbox"/>		Re- Certification <input type="checkbox"/>		
Tick the Intended Exam					
Scheme	Model & Type	Capacity	Mode of exam		
Mobile Crane <input type="checkbox"/>			Written <input type="checkbox"/>	Oral <input type="checkbox"/>	Practical <input type="checkbox"/>
EOT Crane <input type="checkbox"/>			Written <input type="checkbox"/>	Oral <input type="checkbox"/>	Practical <input type="checkbox"/>
Fork Lift <input type="checkbox"/>			Written <input type="checkbox"/>	Oral <input type="checkbox"/>	Practical <input type="checkbox"/>
Rigger <input type="checkbox"/>			Written <input type="checkbox"/>	Oral <input type="checkbox"/>	Practical <input type="checkbox"/>
Signal person <input type="checkbox"/>			Written <input type="checkbox"/>	Oral <input type="checkbox"/>	Practical <input type="checkbox"/>
Preferred Language	English <input type="checkbox"/>	Hindi/Urdu <input type="checkbox"/>	Malayalam <input type="checkbox"/>	Tamil <input type="checkbox"/>	
Date You Intend To Test					

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- *Under penalties of perjury, I declare that the foregoing statements and those in any required accompanying documentation are true.*
- *I understand and agree that my failure to provide accurate and complete information or abide by LTSSC's policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification.*
- *I understand that LTSSC reserves the right to verify any information in this application or in connection with my certification. I consent to LTSSC's release of any information regarding this application and my examination administration and results to third parties.*
- *I have received a copy of the LTSSC Candidate Handbook and have read it and agree to abide by the rules and policies stated on it.*
- *I understand and agree to be bound by all prevailing LTSSC policies and procedures.*
- *I attest that I have passed a substance abuse test conducted by a recognized laboratory service and agree to comply with LTSSC's and the relevant Schemes substance abuse policy.*
- *I have passed a physical exam that complies with the Scheme requirement for my certification designation and I will continue to comply with those requirements.*
- *I hereby attest that in the event of suspension of my certification I will refrain from further promotion of the certification while it is suspended.*
- *I also attest that in the event of withdrawal of my certification, I will refrain from use of all references to a certified status.*
- *Generally, special examinations are offered where the candidate's circumstances have precluded them from sitting an examination at a regular time. When applying for a special examination, the applicant must support their request with a letter explaining the requirement written either by themselves or a relevant person*

CANDIDATE SIGNATURE:

Date:

Application and Payments to be sent by courier to:

Liftek Technical Safety & Security Consultancies
Office 105, Intercoil Business Centre
Al Quoz 4, Dubai, UAE
Phone: 04-338-4995; Fax: 04
LTS@liftek-intl.com

For Office Use:

Application has been reviewed and Approved for correctness, for arrangement of required resources and to handle any special requests while arranging examinations;

Name & Signature of Administrator

Date: