

# Registration

HFS - SCHWEIZERISCHES KOMPETENZZENTRUM  
HEBEN · FÖRDERN · SICHERN GMBH

Participant- Details	Employer – Details
AHV/SV (Social Security) No.:*	VAT No.:*
Last name:*	Company:*
First name:	Street:*
Street:*	Postal Code / City:*
Postal Code / City:*	Phone (business):*
Date of birth*	Fax:
Mobile phone:	Email:
Email:	Website:
Driving license number:	Contact:*
Experience:	

## For non-native speakers:

How good is your knowledge of German?      good       moderate       poor

## Requested training date:

as quickly as possible       any time

## Training place:

at HFS       in the own company

## Training in the following category/categories:

Load securing, ½ day <input type="checkbox"/>	Sling gear course, ½ day <input type="checkbox"/>
Lift truck hands-on course, 2 days <input type="checkbox"/>	Lift truck hands-on course, 4 days <input type="checkbox"/>
Industrial crane operator, ½ day <input type="checkbox"/>	Industrial crane operator, 1 day <input type="checkbox"/>
Elevating work platform guide (IPAF)* <input type="checkbox"/>	Elevating work platform operator (IPAF)* <input type="checkbox"/>

\*Category acc. to IPAF    1a  1b  3a  3b

### Note:

- Participants must be at least 18 years old
- For the practical part: Bring along your personal safety equipment  
(safety shoes are obligatory, helmet and vests may be borrowed)

We hereby confirm the details entered above and definitely sign up for the above course.

Place, date, \_\_\_\_\_

Place, date \_\_\_\_\_

Participant \_\_\_\_\_

Employer \_\_\_\_\_