



Dauphin County Technical School – Adult Ed  
 6001 Locust Lane  
 Harrisburg, PA 17109  
 717-652-3170 ext 7445 or 7436  
 Fax: 717-901-6766  
[www.workforcedev@dcts.org](http://www.workforcedev@dcts.org)

# OSHA Compliant Forklift Operator Training

*Invest in Yourself or Someone Else*

The OSHA compliant Forklift Operator Safety Training Program is designed with operator safety in mind. This course combines classroom presentation, discussion and written evaluation with actual hands-on training experiences and evaluation. The first part of the course consists of a classroom presentation regarding forklift safety and operation, including the appropriate OSHA regulations. The second part of the course consists of hands-on instruction, practice, and evaluation. An OSHA Certificate of Completion will be issued upon successful completion of the course.

**Cost \$110** (*We accept Visa, MasterCard & Discover*)

**Acceptable forms of payment:**

**Personal Pay:** Credit/Debit or Money Order, or Cash

**Company Pay:** Company Credit Card or Company Check

- ✚ Registration and fee deadline is one week prior to the first class. Individuals are not considered registered with DCTS until payment is made and a completed application is submitted to the Adult & Continuing Education Office.

**Space is limited so sign up early to confirm your seat.**

<b>December 13 &amp; December 15, 2018</b>	<b>Thurs.</b>	<b>5:30p – 8:00p</b>
	<b>Sat.</b>	<b>7:00a – 12:00 Noon</b>
<b>February 28 – March 2, 2019</b>	<b>Thurs.</b>	<b>5:30p – 8:00p</b>
	<b>Sat.</b>	<b>7:00a – 12 Noon</b>
<b>May 2 – May 4, 2019</b>	<b>Thurs.</b>	<b>5:30p – 8:00p</b>
	<b>Sat.</b>	<b>7:00a – 12 Noon</b>



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## Course Registration Form

Course Title: \_\_\_\_\_ Course Date: \_\_\_\_\_

**Please Complete All Information Below**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

**PAYMENT METHOD**

Circle One: Check (Payable to DCTS) VISA MC DIS MO CASH

I authorize the Business Office at DCTS to charge my credit/debit card as circled above.

Amount to be charged: \$ \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

How did you hear about DCTS? Former Student Employer Internet Radio Facebook  
 Family Friend Close to home/work Other

**The PA Department of Education requires the following information. Please check the appropriate box.**

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Ethnicity:** Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

**Race:** Am. Indian or Alaskan Native \_\_\_\_\_ Caucasian \_\_\_\_\_

Black/African American \_\_\_\_\_ Multi-Racial \_\_\_\_\_

Native Hawaiian/Other Pacific Islander \_\_\_\_\_ Asian \_\_\_\_\_

**+ No refunds will be granted after class has begun.**

