NTEA MEMBER VERIFICATION PROGRAM

Work truck industry training checklist

Thanks for your dedication to continuous education and commitment to the work truck industry. Use this document to list education credit hours toward your Member Verification Program (MVP) application.

Member company name _____

If your company is a first-time MVP applicant, the following individuals must have participated in educational programs in the last year.

If you are a renewing MVP company, the following individuals must have participated in educational programs in the last three years.

Employee name _____

Employee name _____

Employee name _____

Employee name _____

Employee name _____

For additional personnel, please attach sheet.

Industry training

_____ hour(s) of work truck industry training accomplished on _____
Date(s)

in _____
Topic/Course name

by _____ , _____ , _____
Trainer name *Title* *Company*

Subtotal _____

Industry training

_____ hour(s) of work truck industry training accomplished on _____
Date(s)

in _____
Topic/Course name

by _____ , _____ , _____
Trainer name *Title* *Company*

Subtotal _____

Industry training

_____ hour(s) of work truck industry training accomplished on _____
Date(s)

in _____
Topic/Course name

by _____ , _____ , _____
Trainer name *Title* *Company*

Subtotal _____

Total training hours completed _____

NTEA reserves the right to audit documentation, confirming application information.

NTEA THE WORK TRUCK ASSOCIATION

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