

SUNBELT RENTALS CUSTOMER OPERATOR TRAINING ATTENDANCE RECORD

INSTRUCTOR NAME: RICHARD DRENNAN	TRAINING LOCATION: PC158 GLEN ALPEN, VA	<p>Signature Disclaimer and attestation: By signing I attest that I attended the training course(s) as indicated, and I release Sunbelt Rentals and the designated instructor / evaluator from any liability resulting from injury or death incurred while operating Sunbelt Rentals equipment.</p> <p>Descargo de responsabilidad y certificación de firma: Al firmar, doy fe de que asistí al (los) curso (s) de capacitación como es indicado, y yo no hago responsable a Sunbelt Rentals o al instructor / evaluador designado de cualquier responsabilidad resultante de lesiones o muerte incurrido mientras opere el equipo de Sunbelt Rentals.</p>	<input checked="" type="checkbox"/> MEWP Exp 5 Years (USA) <input checked="" type="checkbox"/> Exp 3 Years (Canada)
INSTRUCTOR PHONE NUMBER:	CLASSROOM/THEORY TRAINING DATE: 1/21/25		
INSTRUCTOR EMAIL ADDRESS:	EVALUATION DATE: 1/21/25 (if different from Training date)		
INSTRUCTOR SIGNATURE: Richard Drennan			Training Format - (ILT, BL, VRT) ILT

First Name Nombre	Last Name Apellido	Email Address Correo Electrónico	Company Compañía	Signature Firma	Booms Group B - Type 3	Scissors Group A - Type 3	Tow Behind / Atrium Group B - Type 1	Manually Propelled Group A - Type 1
1 RYAN	HAIFIELD	RYAN.HAIFIELD@WELDMOTDYNAMICS.COM	WELDMOT DYNAMICS	<i>[Signature]</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
2 JOE	LEINEN	LEINENJED@GMAIL.COM	" "	<i>[Signature]</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
3 OWEN	BARRETT	BARRETTOWEN99@GMAIL.COM	" "	<i>[Signature]</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4 RODRIGUEZ	JOHNSON	ROD41187@GMAIL.COM	CAPITOL AWNINGS	<i>[Signature]</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5 LUKE	JOHNSON	LJOHNSON8268@GMAIL.COM	Capitol Awnings	<i>[Signature]</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6 JOHN	DRUMMOND	JAKE@CAPAWNINGS.COM	Capitol Awnings	<i>[Signature]</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
7								
8								
9								
10								
11								
12								
13								
14								
15								

For internal Use only		Wallet Card Order Date:	
Invoice #		Ship Wallet Cards to: 5004 W CLAY ST CAPITOL AWNINGS	Billing address (if different from ship address)
PO#		Company Name:	Company Name:
Customer Account #		Attention: ERIC DEGLAU	Attention:
Amount \$ billed		Mailing Address: 5004 W CLAY ST	Mailing Address:
Sales Rep ID# (if applicable)		City, State, Zip Code: RICHMOND, VA 23230	City, State, Zip Code: