

## TRAINING REGISTER

Name of Driver/Administrator \_\_\_\_\_

Description of individuals <i>transport related training &amp; competencies</i> held by the Driver/Scheduler or HVA Administrator named above	Duration of Training (Hours, weeks, years etc)	Date of Training or certificate	Training Supplied By	Driver's or Administrator's Signature
<b>Maintenance Management</b>  Please record details of the individual's qualifications or experience for maintaining, servicing and, or repairing Heavy Vehicles				
<b>Fatigue Management Competency Certificates or Training details</b>  TLIF2010 (Drivers) Y/N (Please circle)  TLIF3063 (Administrators) Y/N (Please circle)  Please note any other fatigue training or certificates:				
<b>Load Restraint Training</b>				
<b>Main Roads' Permits/Notices and route network training</b>				
Driver's License number: _____ License Classes held: _____ Expiry Date of Driving License: _____ Date of Birth: _____				
Driver's Medical Expiry Date: _____ Assessing Dr's name: _____ Place medical assessment conducted: _____				
Dangerous Goods Lic #: _____ Expiry Date: _____				
Forklift Ticket no: _____ Expiry Date: _____				

***Please retain accurate copies of the driver's medical(s) and all training records behind this register/summary.***