

TRAINING REGISTER

Name of Driver/Administrator _____

Description of individuals <i>transport related training & 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
Maintenance Management Please record details of the individual's qualifications or experience for maintaining, servicing and, or repairing Heavy Vehicles				
WorkSafe Fatigue Management Competency Certificates or Training details For Drivers Y/N (Please circle) For Administrators Y/N (Please circle) Please note any other fatigue training or certificates:				
Load Restraint Training				
Main Roads' Permits/Notices and route network training				
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: _____				
AMMS induction & training				

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