

Notification of assessor

to conduct driver licensing courses for an approved organisation (unit standard courses only)

As	sessor de	tails (to be comp	pleted b	y the assessor)					
	ne of assessor								
		Last name			L		First names		
Stre	et address (inc	cluding post code)							
Pos	tal address (if o	different from street	address	5)					
Ema	ail address				Mobile number				
Day	time contact p	hone number			Evening contact phone number				
			Eurim data	Classes of Londonement hold (if explicitly) Evaint date					
	er licence num	ber		Expiry date	Classes of I endorsement held (if applicable) Expiry date				
				·					
Indu	istry training o	rganisation (ITO) a	SSESSO	r number	Approval expiry date				
Nar	ne of approved	driver licensing cou	irse pro	wider that you will be con	ducting courses for				
Wh	at is their appr	oved course provide	er numb	er?	Name of person in c	ontro	l of the organisat	ion	
Sig	nature of perso	n in control of the o	rganisa	tion					
(acl	nowledging that	at they give their aut	horisati	ion for you to conduct					
		ensing courses on be		C .					
Cou	1	nducted by the asse	essor: ()		I lock standards		Commentance	Ille't stendende	
▼	Course type	Unit standards	V	Course type	Unit standards	✓	Course type	Unit standards	
-	Class 2	17574 & 24089	-	Dangerous goods (D)	16718	-	Rollers (R)	16702	
-	Class 3	17575 & 24089	_	Forklift (F)	18496	-	Tracks (T)	16703	
H	Class 4	17576 & 24089		Vehicle recovery (V)	17580 & 24089		Wheels (W)	16701	
Not	Class 5	17577 & 24089	fholdin	g the unit standards relevant :	to the course(s) selected	in the	abovo tablo		
				inexis confirming that you				ion to conduct the	
арр	ropriate course	S.							
				e within the past 5 years in		onduct	, and review interact	tive group learning for trainee	
either an operational or training setting (required for each course type to be conducted by the assessor). If at a later date you wish to conduct additional course type						al course types described			
		duct courses for forklif				above, or wish to work for another approved course provider organisation,			
	attach evidence that you hold either a current OSH operators or trainersthe organisation must submit a Notice of change to organisational structurecertificate.form to Waka Kotahi.								
	 Where the assessor is to conduct any of the class 2-5 or V endorsement No fee is payable in relation to this. One notification form is required for each individual as 						ividual assessor conducting		
completed either of the following unit standards: courses under an approved course provider organisation.									
		ate interactive learning							
l (tł	ne assessor) de	clare that the inform	mation	supplied in relation to thi	s notification is true a	ind co	rrect and that I ha	ave read and understood	

the Statement of approval conditions specified in this document. Signed Date

Ø.S.	Gin and a state of the state of	> \$
M		
-Mir		16 alle

Te Kāwanatanga o Aotearoa

New Zealand Government

*The current version of this document is available online at **www.nzta.govt.nz/resources/statement-ofapproval-conditions**, or by contacting your nearest Waka Kotahi regional office and requesting a copy.