



Ph:  
E:

ABN:

[Redacted]

Location: [Redacted] Creek Date: 18

**APPLICANT DETAILS**

Name: [Redacted]

**COURSE ASSESSMENT SUMMARY** (Please complete this section if a training course was attended)

COURSE TITLE: R11MP0320E-LE  
R11CCM202D- Identify, locate & protect services  
R11WHS205D- Stop, slow & bat  
R11WHS302- Implement TMR

C NYC

**ASSESSMENT OUTCOME** (Please complete this section if 'ASSESSMENT ONLY' was conducted)  
Please tick appropriate box: [ Competent - C Not Yet Competent - NYC ]

	C	NYC		C	NYC		C	NYC
Backhoe (LB)	<input type="checkbox"/>	<input type="checkbox"/>	Rigid Haul Truck (RHS)	<input type="checkbox"/>	<input type="checkbox"/>	EWP-up to 11m (BL)	<input type="checkbox"/>	<input type="checkbox"/>
Compactor (CS)	<input type="checkbox"/>	<input type="checkbox"/>	Roller (RS)	<input type="checkbox"/>	<input type="checkbox"/>	Scissor Lift (SL)	<input type="checkbox"/>	<input type="checkbox"/>
Dozer (LZ)	<input type="checkbox"/>	<input type="checkbox"/>	Scraper (SS)	<input type="checkbox"/>	<input type="checkbox"/>	Tractor (WTS)	<input type="checkbox"/>	<input type="checkbox"/>
Excavator (LE)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skid Steer (LS)	<input type="checkbox"/>	<input type="checkbox"/>	Service Truck (ST)	<input type="checkbox"/>	<input type="checkbox"/>
Front end Loader (LL)	<input type="checkbox"/>	<input type="checkbox"/>	Tele-Handler(TMh)	<input type="checkbox"/>	<input type="checkbox"/>	Other: (Please specify)		
Grader (GS)	<input type="checkbox"/>	<input type="checkbox"/>	Water Cart (WS)	<input type="checkbox"/>	<input type="checkbox"/>	<u>R11CCM202D.....</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Artic Haul Truck (AHS)	<input type="checkbox"/>	<input type="checkbox"/>	I.T. Loader (LL/IT)	<input type="checkbox"/>	<input type="checkbox"/>	<u>R11WHS205D.....</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<u>R11WHS302D.....</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**APPLICANT SIGNATURE**

Applicant Sign: [Redacted]

**ASSESSOR DECLARATION**

Assessor Name: Ben

Assessor I.D. Number: DTA-

I declare that the assessment/s have been carried out in accordance with the AQF guidelines and Unit of Competency assessment requirements.