



## Occupational Awards Program **LIFT TRUCK OPERATOR AWARD**

The National Safety Council's Lift Truck Operator Award provides recognition for outstanding safety practices to full or part time individuals or companies, units and/or facilities that have completed a minimum of 480 consecutive hours without incurring an occupational reportable accident and/or injury while operating a lift truck. Eligibility is available to individuals, companies, or both.



Engraved Plaques are available for \$74.95 each



Wood Framed Certificates are available for \$49.95 each

### CRITERIA:

- Hours of operation equaling at least 480 consecutive hours (greater than or equal to 40 hours per month operating a Fork Lift and/or Lift Truck).
- No Reportable
  - Accidents
  - Personal injury (including but not limited to operators and co-workers)
  - Property damage within the 480 consecutive hours of operation
- Full or part time individuals operating a lift truck without an occupational reportable accident and/or injury.
- Companies, units and facilities completing the required consecutive hours without a reportable accident and/or injury.
- Eligibility is determined based on self-reported data submitted by the participant, which must be submitted within 60 days from the date the total hours were reached. Any organization recording a fatality will be disqualified.

### RECOGNITION:

- Qualified individuals, companies, units and facilities can purchase a Lift Truck Operator Award to display their achievement at their organization.
- **Pricing:** Lift Truck Operator Award Plaque \$74.95 or Lift Truck Operator Award Certificate \$49.95 (plus shipping, handling and applicable tax)

### TO APPLY FOR THIS AWARD:

- Review your self-reported data to determine if you are eligible for consideration (based on program criteria).
- Complete Section A and B of the application and order form with desired payment.
- **Fax or Mail Completed Form To:**  
National Safety Council, Attn: Motivation & Recognition Dept., PO Box 679  
Itasca, IL 60143-0679  
Fax: 630.775.2185

Your application will be evaluated shortly after receipt. If your company, unit or facility is deemed eligible based on your self-reported data, your award will be mailed within 4-6 weeks to the shipping address indicated on your order form.

*The National Safety Council reserves the right to change, without notice, any statement in the Occupational Awards Program concerning, but not limited to, rules, policies, awards, delivery dates/methods, and fees.*



Occupational Awards Program:  
**LIFT TRUCK OPERATOR AWARD APPLICATION**

National Safety Council | Motivation & Recognition Department | P.O. Box 679, Itasca, IL 60143-0679  
Ph: 800.621.7619 | Fax: 630.775.2185 | E-mail: awards@nsc.org | Web: www.nsc.org

**SECTION A**

*Participant/Shipping/Award Information*

**PARTICIPANT / BILLING INFORMATION:**

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Membership ID# of location applying: \_\_\_\_\_

**Note:** Each physical location must have its own separate Membership I.D. Number. Your Membership I.D. Number must correspond with your location address. If you do not know your Membership I.D. Number, please contact the NSC Customer Relations Department at 800.621.7619

Company: \_\_\_\_\_

Safety / Mgmt Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**SHIPPING INFORMATION: Complete only if different than above.**

NOTE: Please use a physical street address, do not use a PO Box as awards are normally shipped via UPS.

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

The lift truck operator award can be customized to recognize either an individual or the location where the record was achieved. Please fill out only one of the following sections unless you're applying for both individual and location recognition. *Print your information below. Your award will be produced using your engraving/printing information exactly as you've entered it, please check for accuracy.*

**CUSTOM AWARD INFORMATION CORPORATE RECOGNITION:**

Company Name (Line 1): \_\_\_\_\_

Company 2 / Plant (Line 2): \_\_\_\_\_  
(not required)

City and State (Line 3): \_\_\_\_\_

**CUSTOM AWARD INFORMATION INDIVIDUAL RECOGNITION:**

Individual Name (Line 1): \_\_\_\_\_

Company Name (Line 2): \_\_\_\_\_  
(not required)

City and State (Line 3): \_\_\_\_\_



Occupational Awards Program:  
**LIFT TRUCK OPERATOR AWARD ORDER FORM**

**SECTION B**

*Record/Order Information*

**RECORD INFORMATION:**

Participants must have completed a minimum of 480 consecutive hours without incurring an occupational reportable accident and/or injury while operating a lift truck.

**Date Record Started:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Date Record Reached:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Has record ended?**  Yes  No      **Total Operation Hours:** \_\_\_\_\_

**ORDER INFORMATION:**

PRODUCT NO.	DESCRIPTION	MEMBER UNIT PRICE	QTY. TO ORDER	TOTAL PRICE
03414-0000	Lift Truck Operator Award—Plaque	\$74.95		
03407-0000	Lift Truck Operator Award—Framed Certificate	\$49.95		

**\*\*Sales Tax:** Please add applicable sales tax in AL, CA, CT, FL, GA, IL, KY, MN, PA, TX, VA.  
**\*\*\*Shipping & Handling:** Rates do not apply for Canadian, US Territories, or international orders. Call for pricing.  
 EXPRESS DELIVERY overnight, second-day or Saturday delivery available for additional fee. For orders that are not prepaid, there will be a handling fee of \$5.00 with standard shipping and \$10.00 with expedited shipping..

<u>Order Amount</u>	<u>Shipping Charge</u>
Orders up to \$35.00	\$5.95
\$35.01 - \$50.00	\$7.20
\$50.01 - \$100.00	\$8.45
\$100.01 - \$150.00	\$9.60
\$150.01 - \$200.00	\$10.80
\$200.01 - \$300.00	\$12.00
\$300.01 - \$400.00	\$13.20
\$400.01 - \$500.00	\$14.45

Sub-Total  
 \*\*Sales Tax  
 \*\*\*Shipping / Handling  
**TOTAL**

**PAYMENT METHOD (Prepayment is required for orders under \$50.00 and all international orders)**

- Payment Enclosed**  
*Make check or money order payable to National Safety Council*
- Payment by Credit Card**
- Send Invoice:** PO# \_\_\_\_\_
- Credit Card:  Visa     MasterCard     Discover     American Express
- CC# \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_
- Signature (required): X \_\_\_\_\_

National Safety Council  
 Motivation & Recognition Department  
 P.O. Box 679  
 Itasca, IL 60143-0679  
 Fax: 630.775.2185

*Thank you for your order!*