

STA TRAINING SDN BHD

Registration No.: 200201007373 (575036-M)

Form 1

(Revision 2,2021)

Nomination Form for Training

To : Manager, STA Training Sdn Bhd (STAT)

Program : Operator Training Programme

Name of Course :

<input type="checkbox"/>	Tree Felling (Natural Forest)	<input type="checkbox"/>	Log Loading - Excavator (Forest Plantation)
<input type="checkbox"/>	Log Extraction - Tractor (Natural Forest)	<input type="checkbox"/>	Log Extraction - Bulldozer (Forest Plantation)
<input type="checkbox"/>	Log Loading - Front End Loader (Natural Forest)	<input type="checkbox"/>	Breaking-Out For Cable Hauler (Forest Plantation)
<input type="checkbox"/>	Clear-Fell Site Preparation (Forest Plantation)	<input type="checkbox"/>	Log Extraction - Cable Hauler (Forest Plantation)
<input type="checkbox"/>	Mechanical Site Preparation (Forest Plantation)	<input type="checkbox"/>	Tree And Log Identification
<input type="checkbox"/>	Tree Felling (Forest Plantation)	<input type="checkbox"/>	Log And Timber Identification

Note: Use **ONLY** one form for each course.

Training Venue (Camp): _____ License No.: T: _____
 LPF: _____

Trained by: STAT Trainer
 In-House Trainer; Name: _____ SMTF No.: _____

Name of Company / Organisation: _____

Training Coordinator: _____

Tel No.: _____ Fax No.: _____ E - Mail: _____

No.	Candidate Full Name	SMTF No. [To be filled by STAT Officers only]	Identification Card/ Passport No.	Position / Designation
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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(Revision 2,2021)

Prepared by:

Approved by:

Verified by:

Signature of Training Coordinator:

(_____)

Date:

Signature of Camp Manager:

(_____)

Date:

Signature of STAT Manager:

(_____)

Date:

Note: Form **MUST** be filled before the training starts.

Form flow: Training Coordinator → Camp Manager → Training Coordinator → STAT

Original form **MUST** be sent to STA Training Sdn Bhd. **Copy to:** Camp File and Company / Organisation HQ.