

STA TRAINING SDN BHD

Registration No.: 200201007373 (575036-M)

Form 4

Application Form for Assessment

(Revision 2,2021)

To: Manager, STA Training Sdn Bhd (STAT)

Section 1: Applicant Information

Name of Company/Organisation: _____

Venue of Assessment (Camp): _____ License No : T: _____

LPF: _____

Training Coordinator: _____

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

Section 2: Candidate Information

Name of Assessment Course: _____

No.	Candidate's Full Name	I.C / Passport No.	SMTF No.	Course
1.				
2.				
3.				
4.				
5.				
6.				

Section 3: Declaration

I, representing _____ would like to declare that all the name listed above are ready to be assessed by STAT's Assessor.

Signature of Training Coordinator
Date:

Section 4: For STAT Office Use

I am pleased to inform that the assessment will be conducted on the following date:

_____.

Verified by

Signature of STAT Manager
Date:

Note: Original form **MUST** be submitted to STA Training Sdn Bhd.
Form flow: Training Coordinator → STAT Manager → STAT Assessor