

STA TRAINING SDN BHD

Registration No.: 200201007373 (575036-M)

Form 1

(Revision 3,2021)

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): _____

Licensee Name: _____ 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.				

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9.				
10.				

Note: Please attached copy of identification card for Malaysian citizenship and copy of passport and valid working permit for non citizen.

Prepared by:

Approved by:

Verified by:

Signature of Training Coordinator:

()

Date:

Signature of Camp Manager:

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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.