



Course responsible: Norsk Betongforening Date:..... Location:.....

Surname:		First name:	
Date of birth:	Company:		
Private Address:		Postcode:	
Mobile no.:	E-mail:		
If you already have a certificate of competence for concrete production, please write down your four digit card number: here: .....			

For certificate of competence concrete transport (BT) must course (A0) be completed and the exam passed. In addition it is required at least 6 months of practice. People who have certificate G1 or G8 can also be issued a certificate of competence for driver of convayer belt truck (BTS) on the same card. It is also here required a minimum of 6 months of practice from transportation with convayer belt truck. To get the certificate of competence for pumping operator, (PO), the course (A0S) is also required. The course is also required for driver of convayer belt truck who has not the G8.

Completed competence courses:

Which competence courses have you completed?	Year:
Convayer belt truck and/or pumping operator (safety course) (A0S)	

Practice:

Write down all the practice you have. The practice has to be in the actual competence class	Practice period: <u>from – to (month/year)</u>	BOR use only:
Transportation of concrete (req. 6 months)		Exam:
Convayer belt truck (req. 6 months)		Practice:
I have G1 ( ) I have G8 ( )		Practice:

Workbased training: If you are applying for (BTS) and you have a G1 or G8 certificate

Convayer belt truck (BTS): Workbased training: Yes ( ) No ( )

By who:..... Signed:.....

I am applying for certificate of competence in class: BT ( ) BTS ( ) You must have G1 or G8 to also get (BTS). If not G1 or G8, then you have to complete the (A0S) course

I hereby declare that the information given above is correct. (Incorrect information will have consequences for you and / or your company)

Date: ..... Signed.: .....

The data specified above is correct and testimonials hereby (signed by the company leader)	
Date: .....	Signed.: .....
Company name:	Contact person:
Project number:	
Address/P.O Box:	Postcode:
Card recipient address (if other than billing address)	Postcode:

Please send this form after completing the course, to the organizer directly, please send it to: [morten.bjerke@tekna.no](mailto:morten.bjerke@tekna.no)