

NCNMEDD Non-Metro Area Agency on Aging  
State Funded Senior Employment Program  
EQUIPMENT USE AND SAFETY CERTIFICATION

I, \_\_\_\_\_ (*name*) have applied to be (or is currently) an Enrollee with the NCNMEDD Non-Metro AAA.

DRIVING

a. The title of this position is \_\_\_\_\_. I have been a passenger with the applicant or Enrollee in the vehicle he/she will be driving and, by signing below, I certify that he/she can perform the tasks and skills associated with this position.

b. He/she has taken a driving course. Yes \_\_\_\_\_ No \_\_\_\_\_ (check appropriate answer) If **Yes**, complete the following information:

Training given by: \_\_\_\_\_ Training date: \_\_\_\_\_

HEAVY EQUIPMENT, CUSTODIAL OR KITCHEN MACHINERY

c. The title of this position is \_\_\_\_\_. He/she has been provided the necessary instruction on the use of \_\_\_\_\_.  
(*please specify heavy equipment, applicable custodial or kitchen machinery, or the like*)

Training given by: \_\_\_\_\_ Training date: \_\_\_\_\_

This instructor certifies that the applicant or Enrollee can perform the tasks and skills associated with this position.

Further, I certify that this Enrollee's capabilities will be reassessed AT LEAST ANNUALLY to ensure that he/she continues to be able to perform his/her assignment.

HOST AGENCY NAME \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

SIGNATORY NAME AND TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Please check one:

- \_\_\_\_\_ Initial certification  
\_\_\_\_\_ Annual recertification

This certification is required if the Enrollee:  
(1) operates a vehicle,  
(2) uses heavy machinery or  
(3) uses kitchen equipment such as meat slicers, grinders, and the like.