



**SHOP AUTOMOTIVE LIFT USE
AUTHORIZATION FORM**

_____ Date

_____ has trained and observed _____
Technician Team Leader Employee

in the proper procedures and operations of Zimbrick, Inc. automotive lifts / hoists, as well as all safety precautions involved in their operation.

_____ Team Leader (Please Print)

_____ Team Leader Signature

_____ Employee Name (Please Print)

_____ Employee Signature

_____ Parts & Service Director (Please Print)

_____ Parts & Service Director Signature