# REV INSTRUCTOR INDUCTION

**To be completed by the REV Project supervisor:**

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| --- | --- |
| Supervisor Name: | |
| Vehicle: | |
| Is the instructor currently approved to operate REV Project vehicles:  Does the instructor have over 3 months experience driving REV Project vehicles:  Has the instructor adequately performed a test vehicle induction (F04) for the REV Project supervisor: | YES / NO  YES / NO  YES / NO |

By signing below you state that the above information is correct and that all three answers were yes. Upon signing the inductee has been approved as an instructor and will perform the functions listed in REV Instructors Procedures (R03):

Supervisor Signature: Date:

**To be completed by instructor:**

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| --- |
| Name: |
| Student/Staff Number: |

By signing below you state that you have read, understood and agree to the REV Usage Procedures (R01) and the REV Instructor Procedures (R03):

Student Signature: Date: