

## Shop User Authorization Form

*Shop Coordinators are encouraged to edit this form to fit their needs.*

### User Information

\_\_\_\_\_  
First name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Shop name / Location

### Authorized Tools / Processes

Shop Coordinator comments:

*By signing below, I confirm that the Authorized User above has met all training requirements for working in this shop.*

\_\_\_\_\_  
Shop Coordinator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized User's Signature

\_\_\_\_\_  
Date