

## Attestation for Assessor Scope Approval

This form is to be completed by a Technical Expert in **Lift Operations**, OR Manager/Employer and endorsed by an applicable Senior Assessor Mentor (SAM)

### New Zealand Certificate in Mountain Facility Operations (Level 3) - Lift Operations

**I confirm that:**

(Insert full name)

**Is able to demonstrate equivalent skills and knowledge in the following areas:**

- Apply appropriate safe working procedures and practices, including identifying and responding to risks and hazards, to promote a culture of safety within a mountain facility operations department
- Apply communications skills and customer service techniques to work collaboratively to respond to the needs of mountain facility customers  
Safely operate surface and aerial lifts and maintain a safe lift station for safe loading and unloading
- Manage queuing, crowd control and lift access to meet individual user's diverse needs and snowsport area requirements

**Is suitable to assess the unit standards for:**

New Zealand Certificate in Mountain Facility Operations (Level 3)- Lift Operations

**Add any additional comments to support this Attestation**

**Technical Expert or Manager/Employer details:**

**Name**

**Phone**

**Email**

**Signature**

**Date**

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**SAM details:**

**Name**

**Phone**

**Email**

**Signature**

**Date**

Once completed scan to LSA or [assessors@skillsactive.org.nz](mailto:assessors@skillsactive.org.nz)