REGISTERED LUBRICANT PROFESSIONAL (RLP)
Continuing Professional Development Record Card 2018 to 2019

For details of the relevant CPD categories click here.

Name:		**For Year Ended:**	
Address:		**Email**	
UKLA Company Member (name)		**UKLA Company Member address**	

Date activity completed	DETAILS OF CPD ACTIVITY UNDERTAKEN (what activity are you undertaking and who has helped to provide support?)	CPD Category (number)	Number of hours claimed

I certify that I have completed no fewer than 35 hours of Continuing Professional Development in the year.

Signed……..Date……

Please retain a copy of your record card for six subsequent years so that if, in future, you are chosen to be audited you can supply us with the information we need.