# REGISTERED LUBRICANT PROFESSIONAL (RLP)
# Continuing Professional Development Record Card 2020 to 2021

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|---|---|---|---|
| **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** |
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**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.**