



REGISTERED LUBRICANT PROFESSIONAL (RLP) Continuing Professional Development Record Card 2024 to 2025

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.