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(NAME OF EMPLOYEE)

HAS SUCCESSFULLY COMPLETED THE TRAINING PROGRAM

Training was completed on

(DATE)

Training was conducted by

(NAME OF INSTRUCTOR)



CERTIFIED BY

(SIGNATURE OF INSTRUCTOR

LIIC	TC	$T \cap$	CERTIFY	THAT
	10	1()	CERTIE	ІПАІ

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(NAME OF INSTRUCTOR)



CERTIFIED BY
Clay Craws
(SIGNATURE OF INSTRUCTOR)

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(SIGNAFIRE OF INSTRUCTOR)

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(Signature of Instructor

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