

Certificate of Completion

This certificate verifies that

(Students Name) of (Company Name)

Has Successfully Completed Aerial Platform Operator
Safety Training in accordance with the
29 CFR 1910.67(c)(2)(ii) requirements

The Training was Conducted by *(Company Name)*. on *(Date of Training)*

Expiration Date (Date Here)

*Your gold Seal
Here*

(Your Trainers Signature)

(Your Company Name)