

Certificate of Completion

This certificate verifies that

(Students Name) of (Company Name)

Has Successfully Completed 8-Hour Confined Space
Competent Person Training in accordance with the **29**
CFR 191.0146 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)