

Certificate of Completion

This certificate verifies that

(Students Name) of (Company Name)

Has Successfully Completed Vehicle Mounted 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)