Date

Company/Organization Name

Address Line 1

Address Line 2

City, State, Zip Code

Letter of Worker Protection Standard Training Completion

This letter is to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) has completed the Worker Protection Standard training offered by *the name of your company/organization* on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date), at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location/company).

Type of Training provided and completed (check applicable)

□ Worker

□ Handler

Certification Card Information

Certificate # Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The attendee understands the material that was presented, is aware that the **certification expires in one year**, and training must be taken again for recertification purposes.

Please retain this letter with your records.

Trainer Signature & Date Worker/Handler Signature & Date

Trainer Tittle

Phone Number

Email Address