

# *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)*