

Certificate of Completion

This certificate verifies that

(Students Name) of *(Company Name)*

Has Successfully Completed the Rigger /
Signalman Certification & Safety Training

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

Expiration Date: _____

Your logo/gold seal here



Date: _____

Testing & Evaluation Performed by and on:
Tester & Evaluator:

Date: _____

Trainer Name:
Training Company: