

Certificate of Completion of an Approved Class Room Off Premises Alcohol Training Awareness Program

This Certificate of Completion expires three years from the date of the program session.

SECTION 1 - SCHOOL

School Certificate of Approval No.

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Name of School _____

Program Instructor _____

Program Location _____

Program Date _____

Certificate of Completion Expires
Three Years from this Date

**SECTION 2 -
STUDENT**

Name of Student _____

Student's Home Address _____

City, Town, or Village / State / Zip Code _____

Student's Date of Birth

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Last Four Digits of Student's
Social Security Number

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Currently Employed by : _____

**STUDENT
CERTIFICATION:**

I CERTIFY THAT I ATTENDED THE PROGRAM DESCRIBED ABOVE
AND AM ENTITLED TO BE ISSUED A CERTIFICATE OF COMPLETION.

Signature _____

Date _____

INSTRUCTOR CERTIFICATION:

I CERTIFY THAT I WAS THE INSTRUCTOR IN CHARGE OF THE
OF THE PROGRAM DESCRIBED ABOVE AND THAT THE
STUDENT WHOSE SIGNATURE APPEARS ABOVE ATTENDED
THE ENTIRE SESSION OF THE PROGRAM.

Signature _____

Date _____