

Photo
attachment
area

Session Finished Certification

* * * Certificate No. ○○○

This is to certify that Mr./Ms.○○○ (ID. No.: S000000000), born on _____, has finished the training of ○○○ session of ○○○○○ safety and health educational training class organized by ○○ during the period from _____ to _____.

Presented by

Full Name of Training Unit

The training is managed in accordance with letter No. ○○○○○○○○○ issued by○○○ competent authority

Note: When the training unit issues a session finished completion certificate to fixed crane and mobile crane operator, it is necessary to indicate the model number of the technical practicum operation, such as: operator for fixed crane (overhead type - machine operation) of hoisting capacity above 3 tons; operator for fixed crane (overhead type - ground operation) of hoisting capacity above 3 tons; operator for fixed crane (extension arm type) of hoisting capacity above 3 tons; operator for mobile crane (retractable extension arm type) of hoisting capacity above 3 tons; and operator for mobile crane (non-retractable extension arm type) of hoisting capacity above 3 tons.