Company	
Street	**PHONE:**
City, ST, ZIP	**FAX:**

This is to certify that the following Hazardous Employees has been trained and tested on the date indicated. This includes General Awareness, Safety, and Function specific training.
All materials used in the training of these employees is at the above address. All training material used were made by:

Name & Address of person providing the training. Name: City, ST:

172.704(d) Hazmat Employee Name	Date of Training