# Certificate of Course Completion

**You must completely fill out this form and have it validated by signature at the end of the training program.**

Name of Course/Meeting/Seminar

Ohio EPA Course Approval Number

Location of Course/Meeting/Seminar (City, County, or Township)

Date(s) of Attendance

Earned Contact Hour(s)

**Presented to:**

Last First M.I.

Operator Core Person ID Number

Address (May be completed by participant)

Attendee Signature

City (May be completed by participant) State Zip

Training Provider Signature

Name of Employer (May be completed by participant)