

Certificate of Training

**Contractor Name Here**

Enter address here

This Certificate is Presented To

|  |
| --- |
| Click here to enter name |

(23 C.F.R Pt.230, subpt.A, aPP.B )

For Successfully completing **hours** training hours in the **Enter Trade here** classification on Date

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| Enter Name  Contractor’s EEO Officer |  | Enter Name  Office of Civil Rights Administrator |