

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

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|  |  |  |
| Enter NameContractor’s EEO Officer |  | Enter NameOffice of Civil Rights Administrator |