

# Training Certificate

## FORKLIFT Operator Certification Program



This is to certify that \_\_\_\_\_ has successfully  
completed the Forklift Operator Certification Program.

\_\_\_\_\_  
TRAINING DATE

\_\_\_\_\_  
COMPANY

\_\_\_\_\_  
NAME

\_\_\_\_\_  
INSTRUCTOR /EVALUATOR SIGNATURE

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Actual Size....8.5”(h) x 11.0”(l)