

**CERTIFICATE OF COMPLETION  
DISPENSING PROPANE SAFELY**

Company providing training: \_\_\_\_\_  
COMPANY NAME

Company receiving training: \_\_\_\_\_  
COMPANY NAME

This is to certify that \_\_\_\_\_  
FULL NAME OF PERSON RECEIVING TRAINING  
has successfully completed all required training for the Dispensing Propane Safely program.

By: \_\_\_\_\_ on \_\_\_\_\_  
FULL NAME OF PERSON ADMINISTERING TRAINING MONTH DAY YEAR

The Training was conducted at: \_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS CITY STATE



# CERTIFICATE

of  
Completion

## Dispensing Propane Safely

This is to certify that

\_\_\_\_\_

has successfully completed all required training for the Dispensing Propane Safely  
program sponsored by \_\_\_\_\_.

Date \_\_\_\_\_

Signed \_\_\_\_\_

