

# CERTIFICATE OF TRAINING

This is to certify that the following individual completed training on specified equipment in compliance with OSHA 29 CFR 1910.178

Trainee Name: \_\_\_\_\_

Lift Truck Model: \_\_\_\_\_

Attachment: Superior Engineering Turret Master Attachment

Facility/Location: \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_  
Scott McGonigle  
President  
Superior Engineering

\_\_\_\_\_  
Trainer