*[Insert name of trainer]*

*[Insert date of evaluation]*

*Insert your logo here*

DATE OF EVALUATION

TRAINER/EVALUATOR

**Certificate of Completion**

**THIS IS TO CERTIFY THAT**

has successfully completed

 **Forklift Operator Safety Training** on

and agrees to comply with all applicable employer, state, federal,

and national standards (OSHA).

*[Insert name of operator]*

*[Insert date of training]*