

Logo / Name of the  
authorised examining body

«Title» «First Name» «Surname»  
born «date of birth» in «location»  
on the «date» at «location»

took part in and passed an

# EXAMINATION OF OPERATIONAL MANAGERS

according to sector committee  
SCC Austria document A17



**S** ICHERHEITS  
**C** ERTIFIKAT  
**C** ONTRAKTOREN

This Certificate is valid until «date»

Certificate register No.

«Accreditation-No. / Notification-No. ministry»

«Location», «date»

.....«signature».....  
Authorised examining body manager

.....«signature».....  
Invigilator