

Logo / Name of the
examining body

«Title» «First Name» «Surname»
Born «date of birth» in «location»
on the «date» at «location»
took part in and passed an

TRAINING AND EXAMINATION OF OPERATIONAL EMPLOYEES

according to sector committee
SCC Austria document A16 and A18

This Certificate is valid until «date»

«Invigilator's signature»

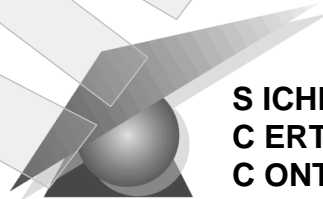
«Location» «Date»

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 EMPLOYEES

according to sector committee
SCC Austria document A18



SICHERHEITS
CERTIFIKAT
CONTRAKTOREN

This Certificate is valid until «date»

Certificate register No.

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

«Location», «Date»

.....«signature».....
authorised examining body manager

.....«signature».....
Invigilator