

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»

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«Invigilator's signature»

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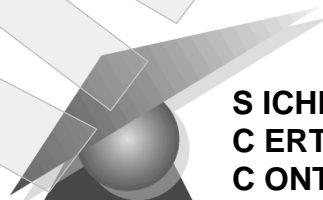
«Location» «Date»

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



**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