



# LiUNA! LOCAL 183 Training Centre

1263 Wilson Ave., Suite 301, East Wing Toronto ON M3M 3G2

## Record of Training

**First Name:**

**Last Name:**

**Book #:**

**Card Issued:**

**ID Number:**

*This certifies that the employee named above has completed the training described below in accordance with the requirements of the Occupational Health and Safety Act and Regulations*

Course	Date Completed
--------	----------------



# LiUNA! LOCAL 183 Training Centre

1263 Wilson Ave., Suite 301, East Wing Toronto ON M3M 3G2

## Record of Training

**First Name:**

**Last Name:**

**Book #:**

**Card Issued:**

**ID Number:**

*This certifies that the employee named above has completed the training described below in accordance with the requirements of the Occupational Health and Safety Act and Regulations*

Course	Date Completed
--------	----------------