

Certificate of Operating and Training Instruction

PROJECT NO: _____ CONTRACTOR NAME: _____ ADDRESS: _____ CITY, STATE, ZIP _____	PROJECT NAME, DESCRIPTION: _____ USING AGENCY: _____ DATE: _____
---	---

The Contractor/Supplier on the above date did instruct the Using Agency on the operation of the following named equipment as per section 01730 of the project specifications:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Attendant:

Name:	Representing	Phone Number
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____