PERSONAL PROTECTION OFFICER TRAINING
COURSE LEVEL FOUR
CERTIFICATE OF COMPLETION

_____
Name

_____
(Registration Number or social security number (last 6 digits) of student)

This certifies that the above-named individual has completed the Personal Protection Officer Training Course approved by the Private Security Program.

_____
School Name

_____
Classroom Instructor

_____
School Approval Number

_____
Classroom Instructor Approval Number

_____
School Manager

_____
Course Completion Date

_____
School Manager Signature

_____
Classroom Instructor Signature