

**Private Security Program
Certificate of Completion
Level Two Training Course**

This certificate is issued as proof that

(Please print or type name and Registration Number or social security number (last 6 digits) of student)

**has successfully completed the Board approved, PSP Level Two Training Course
to meet the standards and requirements set forth in Texas Occupations Code,
Section 1702, Title 10 and Administrative Rules.**

School or Company Name: _____

School Approval or Company License Number: _____

Date of Completion: _____

Name of Instructor: _____
(Please print or type)

Name of Qualified Manager: _____
(Please print or type)

Signature of Instructor: _____

Signature of Qualified Manager: _____