

STATEMENT OF COMPLETION

This is to certify that

APPLICANT NAME

of

Lendlease

has completed the following

**Performing Authority - Safe Work
Permitting**

Inductee ID:

Issued On:

Valid To:

Certificate No:

EXAMPLE DOCUMENT ONLY

EM Contractor Training



Inductee ID:

APPLICANT NAME

Performing Authority - Safe Work Permitting

Issued On:

Valid To:

Certificate No:

Company: Lendlease