

Department of Employment,  
Small Business and Training

# Certificate of Completion

This is to certify that

**Worker Name**  
(Registration No: XXXXXXXX)

has successfully completed the  
requirements of

*the Apprenticeship in the occupation of  
Automotive Electrician*

Director-General  
Department of Employment, Small Business and Training

Date of issue: **XX XXX XXXX**

*Further Education and Training Act 2014*