

Security Awareness Training Certificate of Completion

Employee Name

Employee Identification Number (DL)

Date of Training

Type of Training (Initial or Recurrent)

Name of Training Instructor

Type of Program (TSA or Alternate)

I certify that I received the security awareness training, as required by 49 CFR part 1552, on the date indicated above.

Employee's Signature

I certify that the employee named above received security awareness training, as required by 49 CFR part 1552, on the date indicated above. I also certify that any alternate security awareness training program used by the flight school to comply with 49 CFR part 1552 meets the criteria in 49 CFR 1552.23(c).

Signature and title of an authorized official of the flight school