*Important: Save this certificate for 4 years.*

**NC Animal Waste Continuing Education Training Certificate of Completion**

|  |  |
| --- | --- |
| **Program Title:** |  |
| **Program ID#:**  |  |
| **Approved Contact Hours:**  |  |
| **Date:** |  |
| **Time:** |  |
| **Location:** |  |
| **Coordinator:** |  |

**Participant’s Name:**

*First Middle Last Jr, Sr, III, etc.*

**Participant’s AW Operator Certificate #:**

I certify that the above-named individual has completed the training program listed above.

(instructor or coordinator signature) (date)