Form No.16 (Related to Article 76)

Tr	aining Completion Certificate for Practical Training Course for ()
No.		
		Name: Date of birth: Permanent address:
Current address:		
	above has completed the prescribed practical training course for () that was provided from (date) to (date).
Date:	Director of Prefectural Labour Bureau registration No.:	
	Director of refectural Labour Dureau registration No.	
	Name and seal of representative of registered training institution	ion: (Seal)

Notes:

1. Fill in "Cargo lifting appliance," "Crane" or "Mobile Crane" in the parentheses of the form.

2. For those who completed the practical training course for crane operating using a floor-operated type crane, write this fact.