Form No.21-4 (Related to Article 95-4)

Completion Certificate of Recurrence Prevention Course for Industrial Accident Prevention Personnel No.:	
Name: Address:	Date of birth:
I hereby certify that you have completed the course for ( ) set forth paragraph (1), Article 99-2 of the Industrial Safety and Health Act.	
Date:	
Name of representative of the designated training institution Seal	

Note: In the parentheses of the form, fill in the category of training course instructed by the Director of the Prefectural Labour Bureau.