

Form No.21-6 (Related to Article 95-5)

Completion Certificate of Recurrence Prevention Course for Personnel Engaged in Works Limited to Engagement	
No.:	
Name: Address:	Date of birth:
We hereby certify that you have completed the training course for () set forth in paragraph (1), Article 99-3 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 fill in the category of training course instructed by the Director of the Prefectural Labour Bureau.