

To:

Instant Kurs AS E-mail: info@instantkurs.no

| | Date: | / 20 |
|---|---|--------------------------|
| Confirmation of practical traini | ng in scaffold building | |
| Information about the course u | ser: | |
| The undersigned hereby confrn completed hours of p | ns that practical training in scaffolding. | bornhas |
| Information about the person s | igning the confirmation (competent person): | |
| Name: | | |
| Company: | | |
| Position: | | |
| Phone: | | |
| E-mail: | | |
| Signature: | | |
| A copy of the undersigned's cert | ificate of competence must be attached to this c | locument when submitting |
| | x if the instructor has a competency certificate from ary to have a copy of the instructor's competency co | |
| | | $\overline{}$ |
| | Copy of undersigning's | |
| | certificate | |
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