

Training Verification

Job Number Job Name		Date of Instruction	Instructor Business Card
17	Scheels	7-18-14	
Company Represented			
ATS INW			[[[[[[[[[[[[[[[[[[[[[
Instructor Name	Instructor Phone #		
MARK HATZENDI	SEHLER 406 69	8 4055	
Item(s) Trained On			
Bu	ilding Controls	(Pay 1)	[
Videographer			
S	stere Johns	31	
Training Session Number	Number of Video Tapes Used	Total Hours of Instruction	
35357			

Name	Company	Department	Phone
David Splazaia Jason Link	SCHEELS		
lason Link	Schee 5		
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