SKILLSUSA PENNSYLVANIA PROOF OF TRAINING FORM Automated Manufacturing Technology Competition

Note: Failure to complete this form will disqualify the contestant from the competition. A copy must be given to the Contest Chairperson on the day of competition.

Contestant Name:

Check one: __Secondary __Post Secondary ____School

This is to certify that the above named contestant has received training and is competent in the safety and operation of the following tools and performance of the job skills which may be included as part of the competition. Every category must be checked to be eligible to compete.

____CNC Milling Machine

		Date
Instructor's signature	Print name of instructor	
		Date
Contestant's signature	Print name of contestant	
Reviewed and Approved by:		
	Director/Administrator	Date