SKILLSUSA PENNSYLVANIA
PROOF OF TRAINING FORM
Collision Repair 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.

____Air sander

____Metal grinder

____GMAW welding equipment

____Spray equipment

____Hand tools as listed in the SKILLSUSA Championship Technical Standards

_____ _____ Date_____
Instructor's signature Print name of instructor

_____ _____ Date_____
Contestant's signature Print name of contestant

Reviewed and Approved by: _____
Director/Administrator Date