



**Certificate of Completion of an Approved
Alcohol Training Awareness Program**

This Certificate of Completion expires **three years** from the date of the program session

School Information

Name of School

A+ Server Education

School Certificate of
Approval Number

Albany AT 0009

Program Location (Classroom Only)

Online Course

Program Instructor
(Classroom Only)

Online

Program Type (On-Premises or Off-Premises)

Both

Program Number and Date

09/07/2025

Student Information

Name of Student

Daniel Neary

Student's Home Address

25-40 31st ave

City, Town, or Village / State / Zip Code

Astoria NY 11106

Email Address

daniel.e.neary@gmail.com

Currently Employed by:

STUDENT CERTIFICATION:

BY SIGNING BELOW OR MARKING THE CERTIFICATION BOX ONLINE, I CERTIFY THAT I EITHER ATTENDED THE PROGRAM DESCRIBED ABOVE OR COMPLETED THE ENTIRE ONLINE COURSE AND AM ENTITLED TO BE ISSUED A CERTIFICATE OF COMPLETION.

Signature

Date

09/07/2025

**INSTRUCTOR OR SCHOOL
CERTIFICATION:**

I CERTIFY THAT I WAS EITHER THE INSTRUCTOR IN CHARGE OF THE PROGRAM OR THE DIRECTOR OF THE SCHOOL DESCRIBED ABOVE AND THAT THE ABOVE STUDENT SUCCESSFULLY COMPLETED THE ENTIRE PROGRAM.

Signature

Date

09/07/2025