



**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**  
360training.com, Inc. dba TIPS

**School Certificate of  
Approval Number**  
Albany AT 0002

**Program Location (Classroom Only)**

**Program Instructor  
(Classroom Only)**

**Program Type (On-Premises or Off-Premises)**

**Program Number and Date**

On-Premises

09/22/2025

**Student Information**

**Name of Student** Eduardo Ramirez Olavarria

**Student's Home Address** 936 West End Ave

**City, Town, or Village / State / Zip Code** New York NY 10025

**Email Address** eramirez1790@gmail.com

**Currently Employed by:** The Service Companies

**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**

09/22/2025

**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**

09/22/2025

