



**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**

American Safety Council, Inc

**School Certificate of  
Approval Number**

ALBANY AT 0014

**Program Location (Classroom Only)**

**Program Instructor  
(Classroom Only)**

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

On-Premises

**Program Number and Date**

09-05-2025

**Student Information**

**Name of Student**

Jessica Diaz

**Student's Home Address**

266 67th st 1C

**City, Town, or Village / State / Zip Code**

Brooklyn , NY 11220

**Email Address**

jess.mr.black@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** ONLINE

**Date** 09-05-2025

**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**

*[Handwritten Signature]*

**Date**

09-05-2025