



**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

flDMY.

Date 09-05-2025