



EMPLOYER AFFIDAVIT

Company Name: _____

I, _____, hereby certify that:

_____ did not receive any payment,

of any kind, for any or all of their time spent receiving training in the following course(s):

| Course Title(s): | Length (In Hours): | Date(s): |
|------------------|--------------------|----------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |
| 5) _____ | _____ | _____ |
| 6) _____ | _____ | _____ |
| 7) _____ | _____ | _____ |
| 8) _____ | _____ | _____ |

Signature: _____

(Employer Representative)

(Date)