

Bonneville
POWER ADMINISTRATION



PERFORMANCE TESTED

COMFORT SYSTEMS®

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Certificate of Training

This document certifies that

has completed the necessary training and successfully passed the examination for certification. He or she is hereby recognized as certified in the following area:

PTCS Duct Sealing

Training Company _____ Training Location _____

_____ Date _____ Total Course Hours _____

Trainer Name _____ Trainer Signature _____