

<b>NWCCA CTP Approval Number:</b>			
<b>Employer:</b>			
<b>Employer Contact Name:</b>		<b>Employer Contact Phone/Email:</b>	
<b>Course Title:</b>			
<b>Date:</b>		<b>Duration:</b>	
<b>Trainer:</b>		<b>Trainer Signature:</b>	

**(Your signature signifies you have attended this training class for the complete duration)**

	<b>Name</b>	<b>Carpenter ID Number</b>	<b>Carpenter Bracket Designation</b>	<b>Employer</b>	<b>Signature</b>	<b>Date</b>
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	Name	Carpenter ID Number	Carpenter Bracket Designation	Employer	Signature	Date
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