

*Proficient in the Use & Operation of ASD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

ASD Name

*Qualified Trainer Signature:*

*Awarded on \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Date)*

(Certificate Expires 5 years from the date above) Trainer Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Screening Test Technician (STT) Training**

And successful completion of Device Proficiency Training

as required by 49 CFR Part 40, Department of Transportation (DOT)

For conducting DOT Alcohol Screening Tests

*For successful completion of*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certificate of Completion**

**Awarded to**