

**TRAINING OR COURSE ENDORSEMENT FORM(Please Print)**

DATE		TRAINING OR COURSE TITLE	NAME & ADDRESS OF ORGANIZATION	1. Representative's Name		
FROM: Y/M/D	TO: (Y/M/D)			2. Title	3. Signature	
2003  JUNE  5	2003  JULY  15	WHIMIS Certificate Received	Ministry of New Caledonia - Continuing Ed  3330 - 22nd Avenue  Prince George, BC	1) C. B. Smithe	2) WHIMIS Instructor	
				3) <i>C. B. Smith</i>		
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