Certificate of Training - Transportation of Dangerous Goods

 Name of Employer
 Employer's Business Address

 Name of Employee
 City, Province, Postal Code

 has received the training described on the reverse, in accordance with the requirements of section 6.2 for compliance with the Canadian Transportation of Dangerous Goods Act and Regulations

 Certificate expires
 Employer's Signature

 on:
 Employee's Signature

Certificate of Training - Transportation of Dangerous Goods

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Name of Employee	City, Province, Postal Code	
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Has received training in handling/offering for transport/transporting dangerous goods (DG) by [] ground [] air

] Classification	 [] Shipping names
] Use of schedules 1, 2 & 3	[] Documentation

-] Use of schedules 1, 2 & 3 [] Means of containment
-] DG safety marks
-] Emergency Response Assistance Plan
- [] Reporting requirements
-] Safe handling & transport practices, characteristics of DG
- Proper use of equipment for handling or transporting DG
- [] Emergency measures to reduce or eliminate danger to the public

Trainer Name:

Trainer	Signature:	

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