# SKILLSUSA PENNSYLVANIA
# PROOF OF TRAINING FORM

## Automated Manufacturing Technology Competition

**Note: Failure to complete this form will disqualify the competitor from the competition. Two copies will be required. A copy shall be provided to the competition Chairperson at orientation or on the day of the competition. Review the PA State Scope for instructions. One copy should be placed in the competitor's name badge.**

Competitor Name: _____

Check one: _____ Secondary _____ Post-Secondary

School: _____

This is to certify that the above-named competitor has received training and is competent in the safety and operation of the following tools and performance of the job skills which may be included as part of the competition. Every category must be checked to be eligible to compete.

____CNC Milling Machine

| _____ | _____ | _____ |
|---|---|---|
| Instructor's signature | Print name of instructor | Date |

| _____ | _____ | _____ |
|---|---|---|
| Competitor's signature | Print name of competitor | Date |

Reviewed and approved by: _____ _____
Director/Administrator Date

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One copy should be placed in the competitor's name badge.