

To:

Instant Norge AS  
E-mail:  
info@instantkurs.no

Date: \_\_\_\_ / \_\_\_\_ - 20\_\_\_\_

**Confirmation of practical training in the use of dangerous hand tools**

Information about the course user:

The undersigned hereby confirm that \_\_\_\_\_ born \_\_\_\_\_  
has completed the practical training in the use of the following dangerous hand tool(s) :

Saws with sawblade:	Reciprocating saw	(A1)	<input type="checkbox"/>
	Table saw	(A2)	<input type="checkbox"/>
	Miter saw	(A3)	<input type="checkbox"/>
	Circular saw	(A4)	<input type="checkbox"/>
	Jigsaw	(A5)	<input type="checkbox"/>
Saws with chain:	Chainsaw	(B)	<input type="checkbox"/>
Guns:	Nail gun	(C1)	<input type="checkbox"/>
	Bolt pistol	(C2)	<input type="checkbox"/>
Grinders:	Angle grinder	(D)	<input type="checkbox"/>
Drills:	Combination hammer	(E)	<input type="checkbox"/>

----- Information about the person signing the confirmation (competent person): -----

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

A copy of the undersigned's certificate of competence must be attached to this document when submitting.