

CERTIFICATE OF FITNESS FOR MACHINERY OPERATION

Certificate No.: _____

Name of Operator: _____

Date of Birth: _____

Type of Machinery: _____

Company/Organization: _____

Date of Assessment: _____

Valid Until: _____

This is to certify that the above-named individual has been assessed and found fit to operate the specified machinery according to relevant safety standards and regulations.

Authorized Assessor/Physician

Date