



CERTIFICATE OF ATTENDANCE

INSTRUCTOR NAME: _____

FACILITY NAME: _____

ADDRESS: _____

TELEPHONE: _____

THIS CERTIFICATE IS A CONFIRMATION THAT _____

(CLIENTS NAME) ATTENDED _____ CLASS ON _____ (MONTH)
_____ (DAY) _____ (YEAR).

___ VOLUNTARILY ATTENDING CLASSES

___ COURT APPOINTED CLASSES

I, _____ INSTRUCTED AA MEETINGS AT _____

EVERY _____ DAY OF THE WEEK.

INSTRUCTORS SIGNATURE/

DATE

CLIENT'S SIGNATURE

DATE

DRIVER'S SIGNATURE

DATE

509 S 48TH ST SUITE 102 TEMPE, AZ 85281 PHONE:(844) 581-5903
DISPATCH:(505) 269-9972