EZIRIDEZ
LLC

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