

**PERSONAL PROTECTION OFFICER TRAINING
COURSE LEVEL FOUR
CERTIFICATE OF COMPLETION**

Name

(Registration Number or Social Security Number (last 6 digits) of student
(00-0000))

**This certifies that the above-named individual has completed the Personal Protection
Officer Training Course approved by the Private Security Program.**

SECURITY SOLUTIONS ACADEMY _____
Classroom Instructor

School Name _____

F01094 _____
Classroom Instructor Approval Number

School Approval Number _____

Course Completion Date

School Manager _____

Classroom Instructor Signature

School Manager Signature _____