

[Company Header/Logo]

[Date]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Address line 1]

[City, State, Zip Code]

**Subject: Verification of Occupational Safety Training Certification**

To Whom It May Concern,

This letter serves to formally verify that **[Employee Full Name]** has successfully completed the required occupational safety training as mandated by **[Company Name/Regulatory Body]**.

The details of the certification are as follows:

- **Training Course:** [Course Name, e.g., OSHA 30-Hour Construction]
- **Certification Number:** [Certificate ID Number]
- **Date of Completion:** [Date]
- **Expiration Date:** [Date, if applicable]
- **Instructor/Provider:** [Name of Training Provider]

By completing this course, the individual has demonstrated proficiency in [List key skills, e.g., hazard recognition, PPE usage, and emergency response procedures]. This certification is currently valid and in good standing.

If you require further documentation or have any questions regarding this verification, please contact the [Human Resources/Safety] department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Authorized Signatory]

[Job Title]

[Company Name]