

## Security Awareness Training Certificate of Completion

\_\_\_\_\_  
Name of CFI

\_\_\_\_\_  
CFI number

\_\_\_\_\_  
Date of training

\_\_\_\_\_  
Type of training (initial or recurrent)

\_\_\_\_\_  
Name of training instructor (if any)

\_\_\_\_\_  
Type of program (TSA or alternate)

I certify that I received security awareness training, as required by 49 CFR part 1552, on the date indicated above. I also certify that any alternate security awareness training program I used to comply with 49 CFR part 1552 meets the criteria in 49 CFR 1552.23(c).

\_\_\_\_\_  
CFI's signature