

# Statement of Completion

Please print and complete this page:

By signing this form, I, \_\_\_\_\_ confirm that I have completed the AODA Training Module for Accessible Customer Service and Integrated Accessibility Standard Regulation for Contractors.

Company: \_\_\_\_\_

Project Name: \_\_\_\_\_

\_\_\_\_\_  
Date of Completion

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this page to the Clerk's Department for our records. Thank you for your cooperation.