



CERTIFICATE

Category 1 Thermographer

THIS IS TO PROVIDE
WRITTEN TESTIMONY THAT

Your Name Here

HAS DEMONSTRATED COMPETENCE AND
SUCCESSFULLY FULFILLED THE CONDITIONS
AND PROCEDURES SET FORTH, AND THEREBY SHOWS
CONFORMANCE WITH CERTIFICATION
REQUIREMENTS.

date of issue

DATE

ITC



ING CENTER

CATION, AND CERTIFICATION OF
ALL INFRARED SYSTEMS.

DEN

XXXXXX

THE ABOVE DATE