

Oregon Public Utility Commission Commission Training Verification

Docket N	IC	365

Instructions: • Defen	Schedule training(s) outlined in Stipulat Complete the Training Verification form All attendees must print and sign their Have instructor date and sign the Train	on the day of the training
• Instru	for your records)	÷.
	ng: (To be filled out by the instructor).	
Instructor Prir	nt Name: (1) (1) Alm	perator Safety Presentation Other: Date: 8-7-17
Instructor Sign	nature:	Date: _ 6 + 7 + 7
	Name (Printed)	Name (Signed)
Jay	Name (Printed)	Name (Signed)
Jay	Name (Printed)	Name (Signed)
Jay	Name (Printed)	Name (Signed)
Jay	Name (Printed)	Name (Signed)

Mail Completed form to:

Public Utility Commission of Oregon
Administrative Hearings Division
201 High St. SE, Ste. 100
PO Box 1088
Salem OR 97308-1088