



# Training Employees and Tools

## Training Certificate

This is to certify that I, \_\_\_\_\_  
(Name of Employer)

of \_\_\_\_\_  
(Name of Retail Outlet)

have provided tobacco sales training to \_\_\_\_\_  
(Name of Employee)

This employee has demonstrated knowledge of laws and policies to prevent the sale of tobacco products to people under 19 years of age.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_

**Employer/Manager Signature:** \_\_\_\_\_

*Note: Please keep a copy of this form for your employee personnel files.*