



**Certificate of Completion**  
**IS HEREBY GRANTED TO**

LOUIS VASILION

NAME

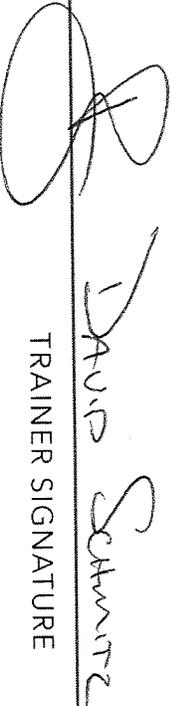
TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA CERTIFICATION - INITIAL CLASSROOM

TYPE OF TRAINING

07/29/2020

COMPLETION DATE

  
TRAINER SIGNATURE