



# Certificate of Completion

IS HEREBY GRANTED TO

Jared St. Michel

NAME

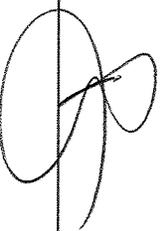
TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA CERTIFICATION - Initial Classroom Training

TYPE OF TRAINING

09/08/2020

COMPLETION DATE

  
DAVID SCHWITZ

TRAINER SIGNATURE