



CERTIFICATION OF CONTINUING EDUCATION Completion

I certify I have read the materials in this education program.

I have signed this certification to verify completion of the 2008 December to 2009 October 5 hrs CE program on:

Date _____

Printed Name

Signature

Dealership Name

Dealer # _____

Driver's License Number _____

Fax it to: 503-763-1233

Or mail to:

OVDA

PO Box 4290

Salem, Oregon 97302