



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.