

Certificate of Training

### This is to certify that

### **FNAME LNAME**

### Has successfully completed

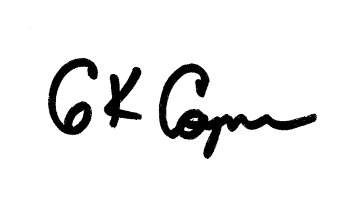
**COURSE**(CLPS Hours, CLPS CLPs)

**Location LOCATION Date START\_DATE END\_DATE**

Presented by

Business Management Research Associates, Inc.

9817 Godwin Drive, Suite 202  
Manassas, Virginia 20110



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Rafael Rivera Gray Coyner

Director Owner & CEO

Satellite and Information Acquisition Division, NOAABMRA