

NAME

**James Madison**

DOB

**9/7/1978**

CLASS CODE

**Structural Steel Worker (**

PROVIDER'S NAME

**James Training Center**

EXPIRATION DATE

**Sep 7 2022 12:00AM**

PHOTO

\_\_\_\_\_  
TRAINER'S SIGNATURE

NUMBER

1000000

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE

STATE OF MARYLAND CARD #

NOTE: This is not a proof of accreditation