DATE: _____

TO: UA Certification Department

FROM: _____
(Contractor) (Representative)

_____
(Address/Contact Information)

RE: Foreman Certification Professional Acknowledgement Provision

This is to certify that UA member,_____ ,
(Name)

UA Member Number_____ has extensive experience as a foreman from
(Number)

_____ to _____ for _____.
(Date) *(Date)* *(Company)*

Project Name	Approx. Hours	Year

X_____
(Contractor Representative and/or Business Manager)

This professional acknowledgement provision is valid for four years from the date of approval. Before this four year period expires, a written test is required for recertification.

X_____
Approved (UA)