



Certifications Page

2016 Regional Chem-E-Car Competition®

University:	Vehicle Name:
Primary Student Contact Name:	Email:
Faculty Supervisor:	Email:

1. Required Safety Training:

Date and location of required Chem-E-Car safety training for faculty advisor:

Advisor Name _____ Safety Training Location _____
 Safety Training Date _____

List below each student team member and the date and location of safety training:

Team Member Name	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Faculty Certification:

I certify that this student team has followed all of the safety rules, has completed an engineering documentation package, has completed a safety review under my supervision or with an outside expert, and has at least ten hours of operating experience:

Faculty Advisor Name _____

Faculty Advisor Signature _____ Date _____

Outside Expert Name _____

Outside Expert Signature _____ Date _____

3. Student Certification:

We certify that we have followed all of the safety rules, have completed an engineering documentation package, have completed a safety review with my faculty supervisor or with an outside expert, and have at least ten hours of operating experience:

Team Member Signature

Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____