

# CERTIFICATE OF TRAINING

(Approved entity provider, Logo Optional)

Hereby Awards This Certificate to

**(Student Name)**

In Recognition of Attendance at the (Approved Curricula)'s  
Approved

**"Initial Security Guard 8-Hour Training"**

In accordance with the Hawaii Revised Statutes 463-10.5

On

Date

I certify that I am a Hawaii Board of Private Detectives and Guards approved instructor teaching a board approved curriculum and that on   (DATE)  , 20  , as required by the Hawaii Revised Statutes Chapter 463, the above referenced individual was provided the mandatory eight hours of training on the topics and corresponding minimum durations set forth by the Board. I further certify that the above-referenced individual successfully passed an examination required by the Board, unaided and with a minimum passing score of 70%.

The above statements are true and correct to the best of my knowledge. I understand that this training and information is required by the Hawaii Board of Private detectives and Guards and that submitting false or untrue information may constitute a violation of Hawaii Revised Statutes § 710-1063 and could also result in the suspension or revocation of my guard instructor approval.

(Please Print Instructor's Name) \_\_\_\_\_  
Board Approved Instructor

(Instructor's Signature) \_\_\_\_\_  
Board Approved Instructor