

# 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

**"4-Hour Continued Competency Security Guard 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 4 hour continued competency security training on the topics and corresponding minimum durations set forth by the Board.

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