

Supplier Certification

I/We _____

the supplier hereby certifies that

has successfully completed our training program and is qualified to perform
Cosmetic Teeth Whitening treatments using the following products/equipment
supplied by us

Accelerator light Type: _____

Whitening Gel:

Strength: _____ %HP _____ %CP Other: _____

Paint-on delivery method

Date of Training: ____ / ____ / ____

Tray delivery method

Date of Training: ____ / ____ / ____

Signed: _____ Date: ____ / ____ / ____

Designation

Company: _____

Address: _____

Contact Phone Number: _____