

# CERTIFICATE

## OF COMPLETION



*This Certification Is Hereby Awarded To:*

SCAN ME!

**Connor Nex**

OPERATOR SIGNATURE *x*

*Connor Nex*

*The above individual has completed course requirements in compliance with OSHA regulations under OSHA Code 29 CFR 1910 1926 Permit-Required and Non-Permit Confined Space Standard*



## CONFINED SPACE

ON-SITE EVALUATION

SIGNATURE OF TEST ADMINISTRATOR & DATE

NOF-1770143795-2409-140276

CERTIFICATION ID#



02/03/2026

COURSE COMPLETION  
DATE

02/03/2028

COURSE EXPIRATION  
DATE

## OFFICIAL WALLET CARD



## CONFINED SPACE

Certification ID# : NOF-1770143795-2409-140276

Awarded : 02/03/2026

Expires : 02/03/2028

Operator Signature :

*x Connor Nex*

This Card Certifies That The Below Individual Has Successfully Completed The Objectives & Examination in Accordance with the Curriculum of the NOF Certification & Training Program.

**Connor Nex**  
Confined Space Certified



NationalOSHAfoundation.com

