

### TRAINING RECORDS

of the sales training regarding the distance-based (UD) or time-based (HD) systems, completed via the online (e-learning) platform

**Name of Reseller,  
address of the Point of Sale:** \_\_\_\_\_

**Operator:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Start date:**                      day    month year

**Persons having completed the training course:**

No.	Time of submitting a successfully completed test paper date, hh:mm	Name	Score	Signature	Date of leaving the company
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Revised on behalf of the Service Provider by:

Manager of the Point of Sale:

**Note: By signing these records, the employee of the Reseller represents that s/he has read the study material on the sale of e-vignette / toll<sup>1</sup> products and the related test on the web (e-learning) page, and has at least once scored 70 per cent in the test.**

<sup>1</sup> Depending on the course completed