

# Transportation Service Safety Training Confirmation

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to confirm your participation in the upcoming Transportation Service Safety Training scheduled for [Insert Training Date] at [Insert Training Location].

Training Details:

- **Start Time:** [Insert Start Time]
- **End Time:** [Insert End Time]
- **Agenda:** [Brief Agenda or Outline]

We appreciate your commitment to enhancing safety standards within our transportation services. Please ensure to arrive at least 15 minutes early for registration.

If you have any questions or require further information, feel free to contact us at [Insert Contact Information].

Thank you and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]