

**Certificate of Completion**  
**Freedom of Access Act Training**

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I, \_\_\_\_\_,  
*(print full name)*

in my capacity as State \_\_\_\_\_,  
*(Senator/Representative)*

HEREBY CERTIFY that I have completed the training requirements set forth in 1 MRSA §412 by completing the following training materials on the Freedom of Access Act.

Signed and dated:

\_\_\_\_\_  
*(Legislator's signature)*                      \_\_\_\_\_  
*date*

**RETURN THE COMPLETED CERTIFICATION TO THE  
OFFICE OF THE EXECUTIVE DIRECTOR, ROOM 103, STATE HOUSE**

*Note: This form is a public record and will be placed in the Legislator's personnel file. This form may be made available for public inspection upon request.*