

Certificate of Completion
Freedom of Access Act Training

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.