

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 session: *Seminar on Freedom of Access Act: The Public's Right To Know and Legislators' Training Requirements* that was conducted on December 3, 2024 in the State House by the Office of the Attorney General during the Legislature's 2024 Pre-legislative Conference.

Signed and dated this 3rd day of December, 2024.

(*Legislator's signature*)

Note: This form is a public record and will be placed on file in the Office of the Executive Director. This form may be made available for public inspection upon request.