

(Business Street Address)

Commonwealth of Massachusetts Division of Occupational Licensure

| MA License No. | |
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Office of Public Safety & Inspections

Challenge Course and \or Climbing Wall Personnel Training Attestation Form

1 Federal Street - Suite 0600 - Boston, MA 02110-2012

| For use by challenge course and\or climbing wall facility owners. Please type or print legibly. | | | |
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| This attestation shall be provided at the time of application as a condition of licensure | | | |
| in accordance with 520 CMR 5.14 and 5.15. | | | |
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| l, _ | I, of (Insert Owner's Name) of (Insert Organization Name) | | |
| hereby certify that the individuals employed as Challenge Course Managers, Climbing Wall Facility Managers, Challenge Course Staff, Climbing Wall Facility Staff, Challenge Course Staff Assistants, or Climbing Wall Facility Staff Assistants listed below have, to the best of my knowledge and belief, received training as outlined in the Staff Training Plan. Pursuant to 520 CMR 5.14(1)(c)(2)(j) and 5.14(2)(d)(7) for challenge courses and or 520 CMR 5.15(1)(c)(2)(j) and 5.15(3)(d)(5) for climbing wall facilities, the plan shall be maintained @ the business address listed below and shall be made available to Office of Public Safety & Inspection (OPSI) inspectors upon request. | | | |
| No. | Name Attach any additional necessary information. | Position Challenge Course Managers, Climbing Wall Facility Managers, Challenge Course Staff, Climbing Wall Facility Staff, Challenge Course Staff Assistant, or Climbing Wall Facility Staff Assistant. | |
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| (Owner's Signature) (Date) | | | |

The owner is responsible for ensuring that all information contained on this form is current and shall resubmit the form should the Challenge Course Manager or Climbing Wall Facility Manager change during the license period.

(City\Town, State, and Zip Code)

Mail completed form and attachments to: