



**Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety & Inspections**

MA License No. _____

**Challenge Course and/or Climbing Wall
Personnel Training Attestation Form**

1000 Washington Street – Suite 710 – Boston – MA 02118

For use by challenge course and/or climbing wall facility owners. Please type or print legibly.

*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.*

I, _____ of _____
(Insert Owner's Name) (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.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

(Owner's Signature)

(Date)

(Business Street Address)

(City\Town, State, and Zip Code)

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.

Mail completed form and attachments to:

Massachusetts Office of Public Safety & Inspections (OPSI)
Attention: Amusements
1000 Washington Street, Suite 710, Boston MA 02118