

CERTIFICATION OF COMPLETION OF
FREEDOM OF ACCESS TRAINING **REQUIRED BY** 1 M.R.S.A. § 412

I, _____, hereby certify that I have met the
(Name of elected official)

training requirements set forth in M.R.S.A. § 412 on _____ by
(Date of training)
completing the following training.

A thorough review of all of the information made available on the Frequently Asked Questions portion of the State Freedom of Access website, www.maine.gov/foaa/fag.

Another training course that includes this information, identified as follows:

(Title of course)

(Name of course provider)

Dated this _____ day of _____, 2008.

(Signature)

(Printed name)

(Elected office)

NOTE: Training must be completed within -120 days after an elected official takes the oath of office or, for elected officials serving in office on July 1, 2008, by November 1, 2008.