

**Certificate of Completion**  
**Freedom of Access Act Training**

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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 §1008 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 1, 2020 in the Augusta Civic Center by the Office of the Attorney General during the Legislature's 2020 Pre-Legislative Conference.

Signed and dated this 1st day of December, 2020.

\_\_\_\_\_  
*(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.*