

**Appendix A – Statement of Compliance**

**Statement of Compliance with OSHA Outreach Training Program Requirements**

I certify that I will conduct all OSHA Outreach Training Program training classes in accordance with OSHA Outreach Training Program requirements. I understand that it is my responsibility to ensure that I meet the requirements of the most recent edition of the OSHA *Outreach Training Program Requirements* and related industry-specific *Procedures*. I will maintain the training records as required by the requirements and procedures and I will provide these records to the OSHA Directorate of Training and Education (or its designee) upon request. I understand that I will be subject to immediate dismissal from the OSHA Outreach Training Program if I provide information that is not true, complete and correct. I further understand that providing false information may subject me to civil and criminal penalties under Federal law, including 18 U.S.C. Sec. 1001 and 29 U.S.C. 666(g), which provide criminal penalties for making any false statement, representation or certification.

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer’s Typed or Printed Name

\_\_\_\_\_  
Authorized Trainer Expiration Date

\_\_\_\_\_  
Name of Course & Course Dates (To be completed by OTI Education Center)

Pacific Northwest OSHA Education Center, University of Washington  
Name of OTI Education Center (To be completed by OTI Education Center)

The OSHA authorized Outreach trainer is responsible for listing all additional or concurrent Authorizing Training Organizations (ATOs) through which the Outreach Trainer is authorized to deliver OSHA Outreach Training Program Classes.

Failure or refusal to list concurrent authorizations may result in corrective action, up to and including revocation of authorized trainer status, or immediate dismissal from the OSHA Outreach Training Program:

<b>Authorizing Training Organization (ATO) Name</b>	<b>OSHA Outreach Trainer or Trainer Update Course Name</b>	<b>Expiration date of Authorization</b>