



## CERTIFICATION REGARDING HUMAN TRAFFICKING AWARENESS TRAINING

Name of Lodging Establishment: \_\_\_\_\_

Address of Lodging Establishment: \_\_\_\_\_

Name of Individual Completing Certification: \_\_\_\_\_

Title of Individual Completing Certification: \_\_\_\_\_

Pursuant to § 15-210(b) of the Business Regulation Article of the Maryland Annotated Code, I hereby certify that all employees of the above-referenced lodging establishment who have worked for the lodging establishment for 90 days or more have received approved annual training regarding the accurate and prompt identification and reporting of suspected human trafficking.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Fully executed certification forms are required to be emailed to [mddol.innkeepers@maryland.gov](mailto:mddol.innkeepers@maryland.gov) on or before October 1st of each year.