



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 on or before October 1st of each year.