



UNIVERSITY OF
TEXAS
ARLINGTON

UT ARLINGTON AUTHORIZED TRAINER PROGRAM

Statement of Compliance

I certify that I will conduct all training classes in accordance with the UT Arlington Authorized Trainer Program Requirements. I understand that it is my responsibility to ensure that I meet the requirements of the most recent edition of the UT Arlington Authorized Trainer Program Requirements. I will maintain the training records as defined in the Requirements. I understand that I will be subject to immediate dismissal from the UT Arlington Authorized Trainer Program if I provide information that is not true or correct.

Trainer Signature

Date

Typed or Printed Name

Name of Course & Course Dates

