Maricopa County
Air Quality Department

CERTIFICATION of TRAINING ATTENDANCE for COMPREHENSIVE DUST CONTROL TRAINING

On _____ (date), at _____ (time), I instructed a Comprehensive Dust Control Training Class located at: _____.
The following persons attended and completed Comprehensive Dust Control Training, meeting the standards of Maricopa County Air Pollution Control Regulations, Rule 310 § 310, and the Maricopa County Dust Control Training Requirements:

Total Number of Attendees: _____ (add additional sheets if necessary)

CERTIFICATION: I certify under penalty of law that the information contained in this document and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

Trainer: _____ (print)

Signature: _____ Date: _____

Photos are taken at MCAQD (1001 N Central Ave, Suite 900, Phoenix AZ 85004) Monday through Friday from 8:00am until 4:00pm (with the exception of holidays). Questions, call 602-506-6702