



Department of Public Safety
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FORM ATTESTATION OF PERSONNEL TRAINING
FOR USE BY OWNERS OF CHALLENGE COURSES OR CLIMBING WALL FACILITIES

PLEASE TYPE OR PRINT LEGIBLY.
THIS ATTESTATION SHALL BE PROVIDED AT THE TIME OF APPLICATION AS A CONDITION OF
LICENSURE IN ACCORDANCE WITH 520 CMR 5.14(1)(c)(2)(j) AND 520 CMR 5.15(1)(c)(2)(j).

I, _____ of _____
OWNER'S NAME (TYPE OR PRINT) ORGANIZATION NAME

hereby certify that the individuals employed as Challenge Course Managers*, Climbing Wall
Facility Managers*, Challenge Course Staff, Climbing Wall Facility Staff, Challenge Course
Staff Assistants, or Climbing Wall Facility Staff Assistants listed below have, to the best of my
knowledge and belief, received the training outlined in the Staff Training Plan. The Staff
Training Plan shall be maintained at the business address listed below and shall be made
available to Inspectors of the Department of Public Safety upon request, pursuant to 520 CMR
5.14 (1)(c)(2)(j) and 5.14(2)(d)(7) (Challenge Courses) or 520 CMR 5.15(1)(c)(2)(j) and
5.15(3)(d)(5) (Climbing Wall Facilities).

Table with 2 columns: NAME, POSITION. Includes instructions: (Please indicate Challenge Course Manager, Climbing Wall Facility Manager, Challenge Course Staff, Climbing Wall Facility Staff; or Assistant.)

ATTACH ADDITIONAL SHEETS WHERE NECESSARY.

Owner's Signature: _____ Date: _____

Business Address: _____

*The owner is responsible for ensuring that all information contained on this form is current and shall resubmit the form in the event that the Challenge Course Manager or Climbing Wall Facility Manager changes during the term of licensure.