



Alberta Municipal Health & Safety Association Record of Flag Persons Trained

Trainer's Name: _____ Exam Date: _____
 Email Address: _____ Phone: _____
 Mailing Address: _____

	Full Name (please print clearly)	Employer	Mark (%)	Reg. #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

The above have attended the AMHSA Flag Person program and have completed the examination with a mark of 80% or better. Only those who have successfully completed the course will receive "Flag Person Trained" certification from AMHSA. **This information is confidential and is strictly for AMHSA records only.**

Signature: _____ Date: _____ Page _____ of _____

Mail to: AMHSA, Attn Carla Smith
 #160, 2833 Broadmoor Blvd.
 Sherwood Park, AB
 T8H 2H3

Email to: carla@amhsa.net

Fax to: (780) 417-3940