**(Information Needed on Letter Head)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAACO

PO Box 740455

Arvada, CO 80006

**State Recertification for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please accept the below training and hours for state certification renewal for \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Listed below you will find the minimum requirement of 20 hours for the last two years has been completed.

***(List the information here for the training class, date, and hours. Please do not send copies of certificates)***

Please accept this letter as acknowledgment the ongoing training requirements and proper fee have been submitted for renewal.

**Supervisor Name**

**Title**

**Phone**