Verification of RSO/Gauge User Training

Company:_____

RSO/Authorized User Name	49CFR HAZMAT Training Date	Gauge User Training Date	RSO Training Date
☐ RSO			
☐ RSO			
☐ RSO			
☐ RSO			

- Enter the name of each RSO and check the box to indicate RSO and enter the name of each Authorized User with the box unchecked to indicate Non-RSO User
- Enter the most recent date of training completion in each column (RSO Training Date is not required for Non-RSO users). If an individual has not yet completed training for a column, enter the future estimated date of completion.

By signing below, I hereby attest that the above is true and complete to the best of my knowledge.

Print name:_____ Title:_____ Signature:_____Date:_____