

City of Houston  
Administration & Regulatory Affairs Department  
Regulatory Permitting Division  
1002 Washington Ave.  
Houston Texas 77002

**HOTEL EMPLOYEE TRAINING ON HUMAN TRAFFICKING SUBMISSION FORM**

1. Hotel Name: \_\_\_\_\_
2. General Manager Name: \_\_\_\_\_
3. Name of Person Completing Form: \_\_\_\_\_
4. Hotel Location Address:  
\_\_\_\_\_  
\_\_\_\_\_
5. Business Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_
6. Email Address (General Manager and Person Completing Form):  
\_\_\_\_\_  
\_\_\_\_\_
7. Date(s) on which the training(s) occurred: (MM/DD/YY)  
\_\_\_\_\_
8. Training Program Used:  
\_\_\_\_\_
9. If the ECPAT training program was used, did you display or see the Houston Supplemental slide about employees reporting tips directly to the HPD Human Trafficking Unit or the National Human Trafficking Hotline?  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. Training used is from the preapproved list: Yes \_\_\_\_\_ No \_\_\_\_\_
11. Languages spoken by 10% or more of employees in hotel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Number of Employees: \_\_\_\_\_ Number of Employees Trained: \_\_\_\_\_

13. Please list how many employees have completed training for each language they were trained in? e.g. 14 in Spanish, 10 in Gujarati and 250 in English.

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14. Did employees complete the training individually either at a computer workstation or on their mobile phones or was the training projected for the employees' benefit?

Individual \_\_\_\_\_, proceed to question 14, skip 15      Projected \_\_\_\_\_, proceed to question 15, skip 14

15. If done individually, do you have all employees training certificates on file, either electronic or paper, available for review, if requested?

Yes \_\_\_\_\_ No \_\_\_\_\_      Electronic \_\_\_\_\_ Paper \_\_\_\_\_

16. If projected for the employees, do you have attendance sheets on file, either electronic or paper, available for review if requested?

Yes \_\_\_\_\_ No \_\_\_\_\_

17. Do you have all the signage required by Ordinance? \_\_\_\_\_ Please indicate where the signage is located.

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**Declaration of Claimant:**

My name is \_\_\_\_\_ (first, middle and last name),

My date of Birth is \_\_\_\_\_, and

My address is \_\_\_\_\_,

and \_\_\_\_\_ County.

I have personal knowledge of the statements made in the submission form. None of the statements are misleading or false. I acknowledge that issuance of the license, permit or certificate does not excuse or approve any violation of deed restrictions or city, state or federal laws or regulations. To the extent that this declaration is made on behalf of a corporation or any other legal entity or persons, I certify that I have fully advised them of the contents of the submission form and this declaration and that I am authorized to execute this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

I understand that this submission form is an official government record. I understand that knowingly making a false entry or omitting required information in one or more of the above fields could result in criminal charges and the denial/revocation of my license, permit or certification.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_,

on the \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year).

Declarant: \_\_\_\_\_