



STATEMENT OF TRAINING COMPLETION CLERK ELECTION TRAINING

City/Township/School District Clerks in the State of Minnesota are required to complete 5 hours of initial training and 4 hours of election training every 2 years for certification maintenance.

I Certify that I have completed 2 hours of: On-line Clerk Election Training

Additional Total Hours completed: _____

Name of Training/Place/Date
Name of Training/Place/Date

Certification Statement:

I certify that I have completed the election judge training as indicated above for County/Municipal/School District Election Clerks.

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Email: _____

Name Municipality or School District:

(Name of Municipality or School District)

Signature: _____ Date: _____
(electronic or handwritten signature are both acceptable)

Please return the completed form to:

Via Email: cass.voter@co.cass.mn.us

OR

Via Fax: 218-547-7278