



TRA CERTIFICATION INTERNATIONAL, INC.

Annual Declaration for TRACI Auditors

Full Name: _____

- ❖ I hereby apply for certified persons or continuance of certification under the TRACI Certification of Persons Program.

- ❖ I certify that the statements contained in my submission including all attachments are true and correct, to the best of my knowledge.

- ❖ I have complied with, and will continue to comply with, the TRACI Code of Conduct for Certified Persons.

- ❖ I acknowledge that TRACI has the right to verify all statements made by me, including any document submitted, for accuracy and appropriate substantiation.

- ❖ I further accept the terms laid forth in the [Certification Agreement](#)

Signature

Date