



City of Houston
Administration & Regulatory Affairs Department
Regulatory Permitting Division
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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.

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.

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: _____