

SAMPLE
EPT LETTER OF INTENT

NOLES, TREMAYNE D.
2021-02-10 23:44:00

Letter must be on company
letterhead. Include: address, city,
state, zip,
Contact phone #, fax#, Email and/or
web address

[Date]

LAX Airfield Permits Office
Attn: CSPP Manager
7303 World Way West
Los Angeles, CA 90045

Subject: CY 2025 LAX Emergency Preparedness Training Letter of Intent

[Legal Company Name] is committed to compliance with all Certified Service Provider Program (CSPP) standards and requirements for companies operating at Los Angeles International Airport (LAX), including all City of Los Angeles Living Wage Ordinance (LWO) amendments approved by the City Council and Mayor.

[Legal Company Name] shall comply with the following CSPP-LWO requirements for operations at LAX:

- 1) Your Certified Service Provider (CSP) Emergency Preparedness Training (EPT) Plan (i.e., checklist, training calendar, curriculum content, methodology, instructor, vendor) was approved by Cassandra Heredia in LAWA Terminal Operations **prior** to beginning training for the calendar year,
- 2) Ensure any changes to your EPT Plan are approved by LAWA Terminal Operations' C. Heredia **prior** to beginning training,
- 3) Establish a compensated release time policy to provide CSP employees 16 hours of EPT on an annual basis,
- 4) Provide 16 hours of compensated release time will only be used to attend Airport approved EPT courses on an annual basis (no carryover),
- 5) Provide 16 hours of EPT to all new CSP employees **within 120 days** of hiring,
- 6) EPT is completed within **90 days** of employee(s) starting the first training module, or whenever practicable,
- 7) Develop and execute an implementation plan to certify all employees by **December 31st** and continually thereafter on an annual basis,
- 8) Support documentation on file to confirm all rebadged employees received the annual 16 hours of EPT from their previous CSP employer OR were provided 16 hours of EPT by your company, and
- 9) Submit CSP EPT Affidavit attesting to full compliance with all EPT requirements for the calendar year to cspp-ept@lawa.org, **by January 31st**.

CSP EPT Instructor(s) Contact Information:
[name, title, phone number, email]

EPT Vendor Contact Information: (if applicable)
[name of company, owner name, title, phone number, email]

***LAX Authorized Signer(s) Contact Information:**
[name, title, phone number, email]

*Please be advised that **only your LAX Authorized Signer** is authorized to sign the CSP EPT e-affidavit to confirm all badged employees have completed the annual 16 hours of EPT.

[Legal Company Name] understands that failure to comply with the City's LWO requirements may result in the termination of its Certified Service Provider License Agreement (CSPLA) and deactivation of all corresponding badges at LAX.

If you require any additional information, please contact **[name of employee(s) and job titles]** at **[phone number(s) and email address(es)]**.

Respectfully,

[Name of Executive Officer]
[Title]
[Phone Number]
[Email]

NOLES, TREMAYNE D.
2021-02-10 23:47:00

Must have authority to sign the Certified Service Provider License Agreement with LAWA.