



*The United States Department of Labor  
Occupational Safety and Health Administration*

*This is to certify that*

**CMI, INC.**

*located at*

**12305 CUTTEN ROAD  
HOUSTON, TX**

*Company Name*

*Location of Worksite*

*meets the requirements of the Consultation Safety and Health  
Achievement Recognition Program  
and participation is hereby approved for the term*

**1/22/2020**

*to*

**1/22/2021**

*Date*

*Date*



A handwritten signature in blue ink, reading "Loren Sweatt".

*Loren Sweatt  
Principal Deputy Assistant Secretary  
Occupational Safety and Health Administration*



**Occupational Safety  
and Health Administration**