



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

*This is to certify that*

**TEXAS PMW, INC.**  
*Company Name*

*located at*

**315 NORTH WAYSIDE  
HOUSTON, TX**  
*Location of Worksite*

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

**7/1/2015**  
*Date*

*to*

**7/1/2016**  
*Date*



**TX7495**

A handwritten signature in black ink, appearing to read "David Michaels".

*David Michaels, PhD, MPH  
Assistant Secretary of Labor for  
Occupational Safety and Health*

