Department of Commerce

Lead-Based Paint Programs

PRE-TRAINING NOTIFICATION

The training program manager may complete this form or similar form. If using a similar form, it must contain all the information requested on this form.

1. **Notification Type** (Choose one)

   ☐ Original ☐ Revision ☐ Cancellation ☐ No Show

   If this is a revision, please show the original date(s) requested. _____

2. **Training Program Information:**

   Name: _____ Accreditation Number: _____

   Address: _____

   _____

   Phone: _____ E-mail: _____

3. **Course Information:**

   Discipline: ☐ Worker ☐ Supervisor ☐ Inspector ☐ Risk Assessor ☐ Project Designer ☐ Renovator ☐ Dust Sampling Technician

   Type: ☐ Initial ☐ Refresher ☐ Combination (Initial & Refresher)

   Language Presented (choose one): ☐ English ☐ Spanish ☐ Other _____

4. **Training Information:**

   Date: (MM/DD/YY) _____ Beginning & End Times: _____

   Location: _____

   Date: (MM/DD/YY) _____ Beginning & End Times: _____

   Location: _____

   Date: (MM/DD/YY) _____ Beginning & End Times: _____

   Location: _____

   Attach additional sheets if necessary.

5. **Instructors:**

   a. Principal Instructor (name) _____

   b. Guest Instructor(s), if any _____

_____ _____

Training Manager (print) Training Manager (signature)

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