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  
     - [ ] Risk Assessor  
     - [ ] Renovator  
     - [ ] Supervisor  
     - [ ] Project Designer  
     - [ ] Dust Sampling Technician  
     - [ ] Inspector
   
   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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