

**I. Training Provider Information** – See important instructions on page 3

Training Provider: \_\_\_\_\_ ID # \_\_\_\_\_ Date/Time: \_\_\_\_\_

Senders Name: \_\_\_\_\_ Number of Certificates Requested: \_\_\_\_\_  
(Print Sender Name)

Senders Signature: \_\_\_\_\_  
(Signature of Sender)

**II. Training Course** – See important instructions on page 3

Course/Discipline: \_\_\_\_\_  Initial  Refresher

**III. Date/Time** – See important Instructions on page 3

Training Date(s): \_\_\_\_\_ Training Time(s): \_\_\_\_\_

Training Date(s): \_\_\_\_\_ Training Time(s): \_\_\_\_\_

Training Date(s): \_\_\_\_\_ Training Time(s): \_\_\_\_\_

Training Date(s): \_\_\_\_\_ Training Time(s): \_\_\_\_\_

Training Date(s): \_\_\_\_\_ Training Time(s): \_\_\_\_\_

**IV. Training Location** – See important instructions on page 3

Physical Address/Location of Training Course (indicate room number)

\_\_\_\_\_  
\_\_\_\_\_

Physical Address/Location of Hands-on Training/Field Trip/Walk-through (indicate room number)

\_\_\_\_\_  
\_\_\_\_\_

**V. Revisions** – If necessary, indicate any revisions to the above training course in writing below and re-fax form

Cancel Training Course  Date/Time of Cancellation or Revision \_\_\_\_\_

Revise Training Course as follows: \_\_\_\_\_  
\_\_\_\_\_

**Training Course Notification/Revision Roster** – to be used to document trainees expected to attend. Required when training course notification is received less than 2 weeks in advance of a training course.

Training Provider: \_\_\_\_\_

Course: \_\_\_\_\_ Date(s): \_\_\_\_\_

Trainee Name

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_

## **INSTRUCTIONS**

### **I. Training Provider Information**

Indicate training provider information, including the name and signature of the representative sending the training course notification/revision. If applicable, indicate the number of certificates requested for the training course. Important Note: The training course notification should be received by the Department 2 weeks in advance of a training course. If this is not possible, as per Part 73 regulations, the training course notification **MUST BE RECEIVED** by the Department no later than 72 hours prior to a training course and **MUST BE ACCOMPANIED** by a roster of trainees (page 2 of 3) expected to attend the training course. The Department will not recognize any training program presented with less than 72 hours advance notice unless the program is being presented in response to an environmental emergency.

### **II. Training Course**

Indicate which course/discipline you are notifying for.

Allied Trades  
Operations and Maintenance  
Asbestos Handler  
Contractor/Supervisor  
Inspector  
Management Planner  
Air Sampling Technician  
Project Monitor  
Project Designer

### **III. Date/Time**

Indicate specific dates and times for each day of a training course. Note that as per Part 73 regulations, all training programs must be completed within a period of two weeks. Training cannot exceed 8 hours of training in any single 24-hour period and evening sessions cannot exceed 4 hours for any single session.

### **IV. Training Location**

Indicate physical address for training, including a room or classroom identifier for both classroom lecture and hands-on activities. Indicate where the field trip for Project Designer courses or the walk-through survey for Inspector courses are to be conducted. If the Department does not have record of the training location and/or you have not used the location for previous training, you must submit a description of the training facility, including a diagram or blueprint which identifies classrooms, seating, hands-on areas, bathrooms, etc. each with their respective area dimensions. You must also submit the name of a contact person and phone number for the facility and any instructions necessary to enter the facility.

### **V. Revisions**

Use this section to indicate any revisions to a training course including cancelations, change of discipline, change of date/time, change of location, etc. Note that as per Part 73 regulations, cancellation of any scheduled program must be communicated to the Department by telephone or by fax no later than 10:00 a.m. on the first day of the training program or no later than 2 hours from the start of the training.

**Fax Completed Training Course Notification/Revision Form and Roster (if applicable) to:**

**518-402-7949**