

LEAD TRAINING COURSE NOTIFICATION FORM

Date Submitted _____

Training Provider _____

Accreditation # _____

Contact Person _____ Telephone _____ - _____ - _____

Does notification meet 5-day deadline? Yes No

Date(s) of Course _____

Type of Course:

- | | |
|---|---|
| <input type="checkbox"/> Worker
<input type="checkbox"/> Supervisor
<input type="checkbox"/> Inspector
<input type="checkbox"/> Risk Assessor
<input type="checkbox"/> Project Designer | <input type="checkbox"/> Worker Refresher
<input type="checkbox"/> Supervisor Refresher
<input type="checkbox"/> Inspector Refresher
<input type="checkbox"/> Risk Assessor Refresher
<input type="checkbox"/> Project Designer Refresher |
|---|---|

Start Time: _____ AM Finish Time: _____ PM

Number of Students _____

Instructor Name(s): _____

Locations:

Lecture

Date(s) _____
 Street _____
 City & State _____
 County _____
 Contact _____
 Telephone _____ - _____ - _____

Hands-On

Date(s) _____
 Street _____
 City & State _____
 County _____
 Contact _____
 Telephone _____ - _____ - _____

FAX THIS FORM TO: 717-705-0196