

<b>FOR L&amp;I USE ONLY</b>
Accr. #: _____
Date: _____

**ASBESTOS TRAINING COURSE NOTIFICATION FORM**

**(Must be received by our office 5 days prior to the start of the course; cancellations must be sent no later than the start date of the course. Can be mailed, faxed to (717) 705-0196, or emailed to CALBOIS@pa.gov. Fax date, email, or postmark date must be Monday-Saturday.)**

Date Submitted _____	<input type="checkbox"/> REVISION (Fill in or cross out any sections that need revising.)
Does notification meet 5-day deadline?	<input type="checkbox"/> CANCELLATION <input type="checkbox"/> Yes <input type="checkbox"/> No
Training Provider _____	
Accreditation # _____	
Contact Person _____	Telephone _____
Email _____	
Date(s) of Course _____	
Type of Course:	
<input type="checkbox"/> Worker	<input type="checkbox"/> Worker Refresher
<input type="checkbox"/> Contractor/Supervisor	<input type="checkbox"/> Contractor/Supervisor Refresher
<input type="checkbox"/> Inspector	<input type="checkbox"/> Inspector Refresher
<input type="checkbox"/> Management Planner	<input type="checkbox"/> Management Planner Refresher
<input type="checkbox"/> Project Designer	<input type="checkbox"/> Project Designer Refresher
Start Time: _____ End Time: _____	
Number of Students: _____	
Instructor Name(s): _____ _____	
Locations:	
Lecture	
Date(s)	_____
Building Name (if applicable)	_____
Street Address, Room #	_____
City, State, and Zip Code	_____
County	_____
Contact Name	_____
Telephone	_____
Hands-On	
Date(s)	_____
Building Name (if applicable)	_____
Street Address, Room #	_____
City, State, and Zip Code	_____
County	_____
Contact Name	_____
Telephone	_____