

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

## LEAD TRAINING COURSE NOTIFICATION FORM

**PLEASE TYPE OR PRINT NEATLY IN INK**

**(Must be received by our office 5 days prior to the start of the course (Monday-Sunday) ; revisions must be sent as soon as the change is decided; 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](mailto:CALBOIS@pa.gov).)**

<b>Type of Notification</b>	<p style="text-align: right;">INITIAL <input type="checkbox"/></p> <p>REVISION (Fill in or cross out any sections that need revising.) <input type="checkbox"/></p> <p style="text-align: right;">CANCELLATION <input type="checkbox"/></p>										
<b>Notification Deadline</b>	<p>Does notification meet the 5-day deadline? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, provide explanation: _____</p>										
<b>Training Provider Information</b>	<p>Training Provider _____</p> <p>Accreditation # _____</p> <p>Contact Person _____ Telephone _____</p> <p>Email _____</p>										
<b>Course Information</b> (Training course date cannot exceed the course accreditation's expiration date)	<p>Date(s) of Course _____</p> <p>Type of Course:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Worker <input type="checkbox"/></td> <td style="width: 50%;">Worker Refresher <input type="checkbox"/></td> </tr> <tr> <td>Supervisor <input type="checkbox"/></td> <td>Supervisor Refresher <input type="checkbox"/></td> </tr> <tr> <td>Inspector <input type="checkbox"/></td> <td>Inspector Refresher <input type="checkbox"/></td> </tr> <tr> <td>Risk Assessor <input type="checkbox"/></td> <td>Risk Assessor Refresher <input type="checkbox"/></td> </tr> <tr> <td>Project Designer <input type="checkbox"/></td> <td>Project Designer Refresher <input type="checkbox"/></td> </tr> </table> <p>Start Time: _____ End Time: _____ Number of Students: _____</p> <p>Instructor Name(s): _____</p>	Worker <input type="checkbox"/>	Worker Refresher <input type="checkbox"/>	Supervisor <input type="checkbox"/>	Supervisor Refresher <input type="checkbox"/>	Inspector <input type="checkbox"/>	Inspector Refresher <input type="checkbox"/>	Risk Assessor <input type="checkbox"/>	Risk Assessor Refresher <input type="checkbox"/>	Project Designer <input type="checkbox"/>	Project Designer Refresher <input type="checkbox"/>
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Risk Assessor <input type="checkbox"/>	Risk Assessor Refresher <input type="checkbox"/>										
Project Designer <input type="checkbox"/>	Project Designer Refresher <input type="checkbox"/>										
<b>Location Information</b>	<p><b>Lecture</b></p> <p>Date(s) _____</p> <p>Building/Company Name _____</p> <p>Street Address and Room #/Name _____</p> <p>City, State, and Zip Code _____</p> <p>County _____</p> <p>Contact Name _____</p> <p>Telephone _____</p> <p><b>Hands-On (Initial courses only)</b></p> <p>Date(s) _____</p> <p>Building/Company Name _____</p> <p>Street Address and Room #/Name _____</p> <p>City, State, and Zip Code _____</p> <p>County _____</p> <p>Contact Name _____</p> <p>Telephone _____</p>										