Asbestos Training Course Notice

Instructions

Fill in the notice in black or blue ink only.

Must notify the Minnesota Department of Health (MDH) at least five (5) calendar days before the training course begins.

Amended notices must be received at least three (3) calendar days before the training course begins if the beginning date of the training course is made earlier.

Amended notices must be received before a training course begins for any other change in the information contained in the original notice.

Fax to

Minnesota Department of Health
Asbestos/Lead Compliance Unit
651-201-4606

OR

Mail to

Minnesota Department of Health
Asbestos/Lead Compliance Unit
PO Box 64497
St Paul, MN 55164-0497

For questions or more information, call 651-201-4620 or visit the MDH website (https://www.health.state.mn.us/communities/environment/asbestos/)
Tennessen Warning

For individuals applying for MDH credentials

Minnesota Statute, section 270C.72, subdivision 4, requires you to submit your social security number before MDH can issue a credential to you.

For companies applying for an MDH credential

Minnesota Statute, section 270C.72, subdivision 4, requires you to supply your Minnesota business identification number and your social security number before MDH issues a credential to you. Minnesota Statutes, section 176 also requires you to provide the information concerning Workers Compensation Insurance or your permit to self-insure.

For all applicants

MDH uses the information you provide on an application to determine if you meet the requirements for an MDH credential. You are not required to provide any of the requested information. However, if you do not provide the requested information, MDH will be unable to process your application. If you submit false information, MDH will deny your application or suspend, revoke, or take other disciplinary action against your credential after issuing it.

MDH will not disclose the information on your application to others during the application process. MDH may disclose it to others, including the Attorney General’s Office and persons contacted for purposes of verification or investigation, if required by law. MDH will provide information on the application, including your social security number, to the Minnesota Department of Revenue at its request. If anyone contests your credential, the information on your application may become public. Once MDH issues your credential, all information in the application becomes public, except your social security number, which remains private.
**Notice Information**

1. Check only **ONE** of the following notice types:
   - [ ] Original Notice
   - [ ] Amended Notice
   - [ ] Cancelled Notice

2. Check only **ONE** of the following course types:
   - [ ] Initial course
   - [ ] Refresher course

3. Check only **ONE** of the following disciplines:
   - [ ] Worker
   - [ ] Supervisor
   - [ ] Inspector
   - [ ] Management Planner
   - [ ] Project Designer
   - [ ] Air Sampling

**Training Provider Information**

4. Training Provider Name

5. Training Provider Address

6. City

7. State

8. Zip Code

9. Telephone Number (_________)

10. Training Course Permit Number

11. Training Course Permit Expiration Date / / MM/DD/YYYY

12. Training Manager Name

**Training Course Location Information**

13. Training Course Location Name

14. Training Course Location Address

15. City

16. State

17. Zip Code

18. Telephone Number (_________)

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Training Course Dates and Times

19. Day 1 __/__/_________ __________ AM PM To __________ AM PM
   MM/DD/YYYY

20. Day 2 __/__/_________ __________ AM PM To __________ AM PM
   MM/DD/YYYY

21. Day 3 __/__/_________ __________ AM PM To __________ AM PM
   MM/DD/YYYY

22. Day 4 __/__/_________ __________ AM PM To __________ AM PM
   MM/DD/YYYY

23. Day 5 __/__/_________ __________ AM PM To __________ AM PM
   MM/DD/YYYY

Training Instructor Information

24. Principal Instructor Name _______________________________________

25. Assistant Instructor Name _______________________________________

26. Assistant Instructor Name _______________________________________

27. Assistant Instructor Name _______________________________________

Signature

I provided true and complete information. I understand MDH’s Tenessen Warning, available on page 2. I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this notice.

Signature ___________________________ Date __/__/_________
   MM/DD/YYYY