

Asbestos Training Course Notice

Instructions

NOTICE:

- Please send separate payments for lead and asbestos fees.
- MDH cannot process payments that combine fees for lead and asbestos.
- MDH will return applications submitted with payments that combine fees for asbestos and lead.

Fill in the notice in black or blue ink only.

Must notify the Minnesota Department of Health (MDH) at least fourteen (14) 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

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.

Asbestos Training Course Notice

Notice Information

1. Check only ONE notice type:

- Original Notice Amendment Cancellation

2. Check only ONE of the following course types:

- Initial Course Refresher Course

3. Check only ONE of the following disciplines:

- Worker Supervisor Air Sampling
 Inspector Management Planner Project Designer

Training Provider Information

4. Training Provider Name _____

5. Training Provider Address _____

6. City _____ 7. State _____ 8. Zip _____

9. Phone Number _____

10. Training Course Permit Number _____

11. Training Course 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 _____

18. Phone Number _____

Training Course Dates and Times

19. Day 1 _____ From _____ AM PM to _____ AM PM
(MM/DD/YYYY)

20. Day 2 _____ From _____ AM PM to _____ AM PM
(MM/DD/YYYY)

21. Day 3 _____ From _____ AM PM to _____ AM PM
(MM/DD/YYYY)

22. Day 4 _____ From _____ AM PM to _____ AM PM
(MM/DD/YYYY)

23. Day 5 _____ From _____ 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 Tennessee 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)

To obtain this information in a different format, call 651-201-4620